PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 511929

1. Corporation Name
F.P.C. EXPORT-IMPORT COMPANY

12489 Masters Ridge Drive

REINSTATEMENT 93-04

2. Principal Office Address	3. Mailing Office Address
12489 Masters Ridge Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32225 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 09/08/1976

5. FEI Number: N/AE — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Virginia T. Moss

Street Address (P.O. Box Number is Not Acceptable): 12489 Masters Ridge Drive

Suite, Apt. #, Etc.:

City: Jacksonville — State: FL — Zip Code: 32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Virginia T Moss — REGISTERED AGENT MUST SIGN — Date: 12-16-04

CR4E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Moss, Virginia T.	12489 Masters Ridge Drive	Jacksonville, FL 32225
ST	Moss, Virginia T.	12489 Masters Ridge Drive	Jacksonville, FL 32225

JR 12/28

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: VIRGINIA T. MOSS Virginia T Moss — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-04 — Date

904-525-1279 — Daytime Phone #