PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 30 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 749650

1 Corporation Name
CPR FOR CITIZENS OF EAST CENTRAL FLORIDA, INC.

REINSTATEMENT AD

94-96
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| | |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2 New Principal Office Address, If Applicable | 3 New Mailing Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. 7121 NATHAN CT. | Suite, Apt. #, etc. P.O. Box 4955 |
| City & State WINTER PARK, FL | City & State WINTER PARK FL |
| Zip 32792 Country USA | Zip 32793-4955 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida June 14, 1979

5. FEI Number 59-1917913 [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.25 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| ~~CO Etc~~ Director | ERROR ~~Mary Ann Rivera~~ | ~~420 N 1st St~~ Ocoee, FL 34761 | ~~Ocoee, FL 34761~~ |
| Sec | Nancy Harold | 3051 Golden Bear Pl | Oviedo FL 32765 |
| Pres & Director | Steve Brown | 4728 Old Winter Garden Rd | Orlando FL 32811-1746 |
| ~~Director~~ | Pablo Rivera | 420 N 1st St. | Ocoee, FL 34761 |
| ~~CO Etc~~ Director | ERROR David Jobes | | ~~Orlando, FL~~ |
| Vice Pres | Steve Cramer | 256 Kettle Ct | Casselberry FL 32707 |

8. Name and Address of Current Registered Agent

DAVID JOBES
602-E S. CONWAY RD.
ORLANDO, FL 32807-1042

9. Name and Address of New Registered Agent

Name NONE
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

700002050507--2
-01/08/97--01049--026
****367.50 ****367.50

CR2E040 (12/95)

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent David Jobes
REGISTERED AGENT MUST SIGN

Date 12/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: David Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-96
Date

407 298 6700
Daytime Phone #