## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED DEC 17 PM 3: 23 CRETARY DE STATE LAHASSEE, FLORIDA
DOCUMENT # NO300008737  1. Corporation Name The Dabney Minatee Heriteige Group Itac		TALI	AHASSEE. FLURIUA
2917 Register Road 2917 Suite, Apt. #, etc. Suite, Apt.		REI	00163722673 7/0901002010 **122.50 NSTATEMENTO8- porated or Qualified to   06   200 3
City & State  Eru : Fland Park FL Fru : Fru : Zip  34731 U. S 347	land Park, FL		321
7. Name and Address of Current Registered Agent  Name FICILU C. Russell - IVI. I er  Street Address (P.O. Box Number is Not Acceptable) 2917 Register Road  Suite, Apt. #, Etc.  City Fru. Hand Park  State FL 34734		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date			
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 Eacl Officer and/or Directo		City / State / Zip
P Fredu Bussell-Miller	- 2917 Resporter A	Zoacl	Frutland Park FC.
V Linda Teartt	401 Mills Stre	et	Leesbyg, FL 347\$8
S Rosetta P. Givens	1017 Oak Dri	1°C	Leedbry, FL 34781
T Linda Teartt	401 Mills street		Leesburg, FL 34748
C Christine Hamilton	170n 9501 U.S. 441		Leesburg, FL 34788
10. E-mail Address: rusself@ lake. K12.fl.us			
(To be used for future annual report notification)  11. 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 filling 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. I further certify, 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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			