PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -9 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010167

1. Corporation Name
CONSERVE ALL WAYS, INC

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
108 W. COMMERCIAL ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State
Zip: 32771 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0731562 ☐ 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: MICHAEL BARR

Street Address (P.O. Box Number is Not Acceptable): 1003 LEEDS CT

200063568262
01/12/06--01055--008 **183.75

Suite, Apt. #, Etc.

City: WINTER PARK State: FL Zip Code: 32792

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: M Barr Date: 1-3-06
REGISTERED AGENT MUST SIGN

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
CHAIR	MICHAEL BARR	1003 LEEDS CT	WINTER PARK, FL 32792
VICE-CHAIR	N STEVEN EDMONDS	1022 VANNESSA DR	OVIEDO, FL 32765
SEC	LESLEE BERRYMAN	1010 WILLA LAKE CIR	OVIEDO, FL 32765
TREAS	SEAN CONCANNON	103 ELDERBERRY LN	LONGWOOD, FL 32779
DIR	DANNY DECIRYAN	1581 SILK TREE CIR	SANFORD, FL 32773

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 contained in Chapter 119, 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: M Barr 1-3-06 407-321-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONSERVE ALL WAYS, INC.
108 W COMMERCIAL STREET, SANFORD, FL 32771
Office: 407-321-8212 Fax: 407-321-1208
www.sswcb.org

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

In 2004 no registered agent, officer, or director for Conserve All Ways, Inc. received any notice for the Uniform Business Report to be filed.

Sincerely,

Michael Barr
Chair