## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					E	FILED 05 JAN 14 PM 3:24			
DOCUMENT # N 96 000000 950  1. Corporation Name						SEGRETART UP STATE TALLAHASSEE, FLORIDA			
ORLANDO G.O.H. INC					AF.				
2. Principal Office Address 3700 37 <sup>th</sup> STR.		3. Mailing Offi	3. Mailing Office Address			REINSTATEMENT 03-05			
Suite, Apt. #, etc. St		Suite, Apt. #, et	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida			
ORLAUDO -		City & State	City & State		5. FEI Numbe	5. FEI Number Applied For			
328	Country	Zip	Coun	try	6. CERTIFICATE		\$8.75 Additio	Not Applicable  nal Fee required  cate of Status	
7. Name and Address of Current Registered Agent									
								61.25	
Street Address (P.O. Box Number is Not Acceptable) 3 700 374 STREET						01/14/0501028003 **249.00			
								#61.25	
	ORLAND	) Ø 1973	1. j	ps .	<del></del>	State	Zip Code 328 <b>6</b> 5		
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 1-8-05  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			Each rector	City / State / Zip				
D	Cheis Lum		250 ORANGE AVE.			ST	CLOUD, FL	34769	
-D-	DAVID RUSh		2632 CROSCONTLAK			1	,		
D	STEVE SMART		8303 LexingTON View LN.			ORL	ANDO, FI. 3.	2835	
S	Christine Gilbert		9131 MR. LINCOLNICT			ORLANDO, FL. 32818			
T	ALLEN Kem	р.	1700	Buck	HORN PLACE	E OF	CLANDO, FL.	32825	
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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 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 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 eath.									
SIGNATURE: Audle Albert - Christine Gilbert 1-8-05 4015788559  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 4									