## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 2. Principal Office Address No FQ Box # 3. Mailing Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Suite, Apt. #, etc.  City & State  City & State  City & State  Streef Address of Current Registered Agent  Name  Streef Address of Control of Captable Corporation, and familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.  Signature of Registered Agent  Redistreef Address of Each Officer and/or Directors  Titles  Officers and/or Directors  Streef Address of Each Officers and/or Directors  City / State / Zip  Name of Officers and/or Directors  Streef Address of Each Officers and/or Directors  City / State / Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CORPORATION REINSTATEMENT                                                                                                                                                                                                          | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                |  |
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| S G Y N Coral Riche Street  2. Principal Office Asserts in Siril Street  South Apt 8, etc.  3. Mailling Office Address  South Apt 8, etc.  Graph State  City 6 State  City 6 State  City 6 State  Country  7. Name and Address of Current Registered Agent  Name  Street Address of Current Registered Agent  Name  Name  Street Address of Current Registered Agent  Name  Street Address of Current Registered Agent  Name  Na | 1. Corporation Name                                                                                                                                                                                                                |                                                                         | 10.JUL 27 AM 8: 08                                                                                                 |  |
| City & State  City & State & City & State  City & State  City & State & City & State  City & State & City & State  City & State & City & State  | 5944 Coral Ridge Coral Springs FL  12. Principal Office Address - No Pro Box#  5944 Coral Ridge 204                                                                                                                                | _ 33076<br>3. Mailing Office Address                                    |                                                                                                                    |  |
| Name  Street Addisses (2.0. Box hymbef is Not Acceptable)  Of a Society of Box hymbef is Not Acceptable of Core in State Signature of Society of the september of Society of Soc | Cora Springs                                                                                                                                                                                                                       | City & State                                                            | 5. RELNUMBER & 493 5 Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIDED TO 38.75 Additional Fee required |  |
| 8. I, being appointed the existered goal of the above hamed corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503 F.S.  Signature of Registered Agent Place of Registered Agent Redistrate Place of Registered Agent Redistrate Place of Registered Agent Redistrate Place of Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Officer and/or Director City / State / Zip  To be used for future annual report notification)  10. E-mail Address: Jill Ook O Comcost, Net  To be used for future annual report notification)  11. I certify that I am an officer or director or the sectiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when fing this reinstatement Application, the freason fire dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 for 617.0401, F.S. that all fees owed by the corporation have been paid. I forther 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Street Addisse (F.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip.Code                                                                                                                                     |                                                                         |                                                                                                                    |  |
| Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  Street Address of Each Officer and/or Director  The Street Address of Each Officer and/or Director  Street Address of Each Officer and/or Director  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each Officer and/or Director  City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zip  The Street Address of Each City / State / Zi | 8. I, being appointed the relistered 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 Pate Pate Pate Pate Pate Pate Pate Pat |                                                                         |                                                                                                                    |  |
| (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 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. I further certify, the information indicated on this application is true and accurate, and my significant small have the same legal effect as if made under oath.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Titles Name of Officers and/or Directors                                                                                                                                                                                           | Street Address of Eacl<br>Officer and/or Directo                        | City/State/Zip                                                                                                     |  |
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