PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 26 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M52656

1. Corporation Name
2940 Taft Street Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4303 Hammett Rd.	P.O. Box 3181
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hogansville, GA.	City & State: LaGrange, GA.
Zip: 30230 Country: USA	Zip: 30241 Country: USA - ~~FRGN~~

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: May 26, 1987

5. FEI Number: 58-1745258 ☐ 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: Joe Borowski

Street Address (P.O. Box Number is Not Acceptable): 4465 Winderwood Circle

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32835

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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 March 16, 2012

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
P	N. Dean Larson	4303 Hammett Rd.	Hogansville, GA 30230
ST	Nancy J. Larson	4303 Hammett Rd.	Hogansville, GA 30230

REINSTATEMENT
2011 - 2012

S. HAWKES
MAR - 2012
EXAMINER

10. **E-mail Address:** ndlars@wirelesshometown.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: N. Dean Larson N. Dean Larson MARCH 16, 2012 706-883-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #