

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 15 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 329045

1. Corporation Name

W1060000416994

2. Principal Office Address

5222 SE 39th

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

LOOP

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

Zip

34480

Country

MARION

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1968

5. FEI Number

59-1210730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

REINSTATEMENT 0506

7. Name and Address of Current Registered Agent

Name

JOHN R. COSTA

Street Address (P.O. Box Number is Not Acceptable)

5222 SE 39th

Suite, Apt. #, Etc.

LOOP

City

OCALA

State

FL

Zip Code

34480

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

JOHN R. COSTA

REGISTERED AGENT MUST SIGN

Date

11/1/06

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
PRES.	JOHN R. COSTA	5222 SE 39th LOOP	OCALA FL 34480

500081971425  
11/21/06--01009--001 \*\*300.00

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:

JOHN R. COSTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/06

(352)

732 8200

Daytime Phone #

JOHN R. COSTA