PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 416382

1. Corporation Name
White Heron Corp Inc

REINSTATEMENT 95-04

2. Principal Office Address	3. Mailing Office Address
8000 East Girard Avenue	P. O. Box 370987
Suite Apt. #, etc.: Apartment 409	Suite, Apt. #, etc.:
City & State: Denver, CO 80231	City & State: Denver, CO 80237-0987
Zip: 80231 Country:	Zip: 80237-0987 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 01/10/73

5. FEI Number: 84-6090361 ☐ 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: Gary W. Peal

Street Address (P.O. Box Number is Not Acceptable): 2070 Ringling Boulevard

Suite Apt. #, Etc.:

City: Sarasota | State: FL | Zip Code: 34237

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: Gary W. Peal Date: 11-19-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joyce Wilberg Ekblaw	8000 East Girard Avenue Apartment 409	Denver, CO 80231
D	J. A. Ekblaw	8000 East Girard Avenue Apartment 409	Denver, CO 80231
AS	Gary W. Peal	2070 Ringling Boulevard	Sarasota, FL 34237

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10. I certify that I am an officer or director of 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 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 oath.

SIGNATURE: X Joyce Wilberg Ekblaw Nov. 15, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joyce Wilberg Ekblaw, Director