PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

CUMENT # 417826

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SCORETARY OF STATE

1. Corporation Name						FALLAHÁSSEE. FLÖRIÐA					
R,S	.H. Lá	and Investmen	ts, Inc								
2. Principal	Office Addre	ess	3. Mailing Off	ice Addres	s		1				
_ '.				ass E	Bay Dri	ve	mrta.	ICTATERAL	AFF	077	
Suite, Apt. #,	etc.		Suite, Apt. #, e				REINSTATEMENT 8-07				
						4. Date Incorporated or Qualified To Do Business in Florida 01/26/73					
City & State			City & State			 -	U1/	20//	T		
Tallahassee, FL 32312			Tallahassee, FL 32312			5- FEI Number Applied For 591512395 Not Applied be					
Zip		Country	Žip		Country		6.	····	.75 Additi for a Certi	onal Fee required	
		MANAGE TO THE CONTROL WITHOUT THE CONTROL OF THE CO	7. Na	me and A	ddress of Cur	rent Register	ed Agent	and the same plants of the president manufacture (state that the president section)		/Sant	
	Name			•	· · · · · ·					_ _	
1		Bradley Munr					<u> </u>	00003342 -08/01/00 0	크로: 11187 -	3- -5 -03 6	
		ress (P.O. Box Number is No 9 East Virgin						***1050.00	***1	oš 0. 00	
	Suite, Apt.		ita be.							─	
	Oit										
	City Tal	llahassee					<u>`</u>	State Zip Code 32301		_}	
8. I, being a	ppointed the	registered agent of the abov	e named corpora	ition, am fa	ımiliar with and	accept the of	oligations of sect	ion 607.0505 or 617,0503, F.S	S.		
Signature of Registered A	gent) Wy ~ (K). (SISTERED AGE	V√√ NT MUST	SIGN			Date 1/16/2	250-6)	
9. Names a	and Street Ac	dresses of Each Officer and	or Director (Flori	da nonprof	it corporations	must list at lea	ast 3 directors)				
Titles		Name of Officers and/or Directors				dress of Each	١	City / Sta	ate / Zip		
PD I	Herren	n, Robert S.		1509	Bass B	ay Dr.		Tallahassee,	FL	32312	
DST	Cook,	Robert B.		11911	. US Hw	y One,	Suite	112 North Pa	lm B FL	each 33408	
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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 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: