APPROVED AND FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 1998-2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 477507

REINSTATEMENT 1998-2001

1. Corporation Name
CINA ENTERPRISES, INC.

2. Principal Office Address	3. Mailing Office Address
10197 SW 65TH TERR.	10197 S.W 65TH TERR.
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State OCALA, FLORIDA	City & State OCALA, FLORIDA
Zip 34476-9366 Country MARION	Zip 34476-9366 Country MARION

4. Date Incorporated or Qualified To Do Business in Florida 04/03/1973

5. FEI Number 59-1445470 ☐ 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: VINCENT A. CINA

900004700533--3
-11/30/01--01055--009
***1200.00 ***1200.00

Street Address (P.O. Box Number Is Not Acceptable): 10197 SW 65TH TERRACE

Suite, Apt. #, Etc.: NA

City: OCALA State: FL Zip Code: 34476-9366

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: Vincent A. Cina — Date: 11-8-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	VINCENT A. CINA	10197 SW 65TH TERRACE	OCALA, FL 34476
S	KATHRYN M. CINA	10197 SW 65TH TERRACE	OCALA. FL 34476

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: Vincent A. Cina — 11-8-01 — 352-873-2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #