PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT DOCUMENT # 1. Corporation Name	630 99 4 A, INC	DIVISION OF C	TMENT OF STAT y of State ORPORATIONS	E -	08 MAY - 7 AM II: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 50 ZT6 #/O Suite, Apt. #, etc. Way properties 974 City & State		3. Mailing Office Address 464 ATLANTIC BIVD. Suite, Apt. #, etc.			STATEMENT 04-08 CR2E081 (12/07) porated or Qualified 17-27-79
THCKSONVINE FL Zip Country 32207 U.S.		Zip Courtry 3>207 U.S.		5. FEI Number 59-14	Applied For
7. Name and Address of Current Registered Agent Name Name			circum the pri are ce receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Obligations of section 607.0505 or 617.0503, F.S.	
9. Names and Street Address		EGISTERED AGENT MUST		at least 3 directors)	-
Titles Name of Officers and/or Directors LO L.L. HALEY			Street Address of Each Officer and/or Director		TACKSONITUE, FL 3,207
			SUETE H	1 C 05/14	0129431471 0801007011 **250.00 0129431471 0801007012 **500.00
this reinstatement applicati owed by the corporation ha	ion, the reason for dissave been paid and the ind accurate, and my s	olution has been eliminated	l, the corporate name sat on this form do not qualify le legal effect as if made	sfies the requirements for an exemption cor	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees ntained in Chapter 119, F.S. The information indicated 4-6-8 Date Daytime Phone #