PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # 6500 1. Corporation Name Pennihaton Found	^		13 JUN - 7 PM 2: 39 ALL AHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 730 (avouse) Ln Suite, Apt. #, etc. City & State Ff Myus Pla Zip (Gountry)	3. Malling Office Address Suite, Apt. #. etc City & State Zip Country	4. Date Incor To Do Bus	porated or Qualified (1980) Applied For Not Applicable See Status Desired See Status Desired
7. Name and Address of Current Registered Agent Name Sifeet Address (P.O. Box Number is Not Acceptable) Suite. Apt. #-Etc. Suite. Apt. #-Etc. Signature of Registered Agent Name This 2487 (2795) State. 21p code FL 33966 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 Name This 2487 (2795) State. 21p code FL 33966 Date Lo S 13			
Names and Street Addresses of Each Officer and/o			
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
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			JUN 0 7 2013
			S. PRATHER
10. E-mail Address: Ann PF Lnc & Yahoo, cor			
11. 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. Truther certify that when filing this reinstalternent application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as grovided for in s.817.155, F.S. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Degrams Phona & Degrams Phona &			