PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 DEC 17 AM 11:34

DOCUMENT # 700048

1. Corporation Name: SUBUD FLORIDA INC.

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12/16/04--01050--002 **245.00

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
45 SEAVIEW DR.	98 HICKORY HILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL	City & State: TEQUESTA, FL.
Zip: 32176 Country: U.S.A	Zip: 33469 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 10-12-59

5. FEI Number: 59169097 ☐ 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: JAMES BINNIE

Street Address (P.O. Box Number is Not Acceptable): 98 HICKORY HILL ROAD

Suite, Apt. #, Etc.:

City: TEQUESTA State: FL Zip Code: 33469

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: James Binnie Date: 12-14-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
CHAIR	ROSEANNA OVINGTON	45 SEAVIEW DRIVE	ORMOND BEACH, FL 32176
TREAS.	JAMES BINNIE	98 HICKORY HILL RD	TEQUESTA, FL. 33469
SEC'Y	ANITA BRUCE	8512 N. 29TH ST	TAMPA, FL. 33604

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: James Binnie Treasurer 12-14-04 561-575-3653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/17 ew