PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12143

1. Corporation Name

Collegiate Living Organization

600021298136
10/31/03--01007--022 **245.00

2. Principal Office Address	**3.** Mailing Office Address
117 NW 15TH St.	117 NW 15TH St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Gainesville, Fl 32603	Gainesville, Fl 32603
Zip / Country	Zip / Country
32603 / ~~Florida~~	32603 /

4. Date Incorporated or Qualified To Do Business in Florida: January 24, 1967

5. FEI Number: 59-0205245-0 ☐ 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: Elena Wigelsworth

Street Address (P.O. Box Number is Not Acceptable): 117 NW 15TH St. ~~#~~ N106

REINSTATEMENT 03

Suite, Apt. #, Etc.:

City: Gainesville, Fl | State: FL | Zip Code: 32603

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: Elena Wigelsworth (REGISTERED AGENT MUST SIGN) Date: 10/20/03

CR2E081 (10/02)

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
Pres.	Elena Wigelsworth	117 NW 15TH St. N106	Gainesville, Fl 32603
VP	Jonas Blake	117 NW 15TH St. S108	Gainesville, Fl 32603
Treas.	Alla Revenko	117 NW 15TH St. N20	Gainesville, Fl 32603
Sec.	Juan Pablo Rojas	117 NW 15TH St. N103	Gainesville, Fl 32603
Kitchen Manager	Jeremy Kammerdiner	117 NW 15TH St. N103	Gainesville, Fl 32603

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: Elena Wigelsworth (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 10/20/03 (Date) (352)871-1379 (Daytime Phone #)