PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address - No P.O. Box # 5008 Bonito Dr New Port Richey Fra 34652 po box 412 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State New Port Richey Fla Zip 34652 7. Name and Address of Current Registered Agent New Port Richey Fla Size Agt. #, Etc. City & State Penny Turner Size Agt. #, Etc. City & State New Port Richey Fla Size Agt. #, Etc. City & State Penny Turner Size Agt. #, Etc. City & State New Port Richey Fla Size Agt. #, Etc. City & State New Port Richey Registered Agent Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent for the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S. Signature of Registered Agent for the above named corporation must list at least 3 directors) Penny Turner 5008 Bonito Dr New Port Richey Fla 34652 Patti Ammons 8702 Elm Leaf CT Port Richey Fla 34668	CORPORATION REINSTATEMENT		DEPARTM Secretary of ISION OF COR			FILED 10 APR -8 AM 8: 32	
2. Principal Office Address - No P.O. Box 8 3. Mailing Office Address - State State Po Dox 412 CREASE (11/00) 2. Principal Office Address - No P.O. Box 8 3. Mailing Office Address - State Apt. 8, etc. 2. Suite. Apt. 8, etc. 2. Suite. Apt. 8, etc. 2. Cray & State Port Richey Fla New Port Richey Fla Poor Richey Fla Poor Richey Fla New Port Richey Fla Pasco State Port Poor Richey Fla Pasco State Poor Richey Fla Poo	· · · · · · · · · · · · · · · · · · ·				SECRETARY OF STATE TALLAHASSEF, FLORES		
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Name Penny Turner Street Address (P.O. Box Number is Not Acceptable) 5008 Bonito Dr Suite Apt. #, Etc. City New Port Richey 8. f. 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 Penny Turner Sure Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Directors Penny Turner 5008 Bonito Dr New Port Richey Fla 34652 New Port Richey Fla 34655 Patti Ammons 8702 Elm Leaf CT Port Richey fla 34668 10 E-mail Address; ptumer11@hotmail.com To be used for Nume autositation inducted on this application is propried for or 617, 631 for 17, F.S. I further certify that when filing this reinstatement for or 617,0401 or 617,0401, 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 697,0401 or 617,0401, F.S., I further certify that all fees over over other or desiration indicated on this application is the application of section 697,0401 or 617,0401, F.S., that all fees over over other or certify that I am an officer or director or the receiver or trustes 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 697,0401 or 617,0401, F.S., that all fees over over the and accurate, and application as provided for in chapter 607 or 617, F.S., I further certify that all fees of overd by the corporate have been peal if further certify, the information indicated on the application is the and accurate, and accurate, and application as provided for in chapter 607 or 617, F.S., that all fees over the overdiffer that the and accurate, and and accurate the and accurate, and and accurate the and accurate, and the application is the description.		0.4050		•	CEPTIFICATE OF STATI IS DESIDED - SOAS AUGUSTA ASSESSMEN		
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SIGNATURE: 10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Daytime Phone #							

Per email correspondence with Penny June 1 m 4-9-10