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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                          |                          |                                                                                                                                                                          |                          |
|----------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                     |                          |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                          |
| <b>DOCUMENT # 734046</b>                                 |                          |                                                                                                                                                                          |                          |
| 1. Corporation Name<br><br><b>The Guild, Inc.</b>        |                          |                                                                                                                                                                          |                          |
| 2. Principal Office Address<br><b>1037 S Florida Ave</b> |                          | 3. Mailing Office Address<br><b>P.O. Box 2623</b>                                                                                                                        |                          |
| Suite, Apt. #, etc.<br><b>#125</b>                       |                          | Suite, Apt. #, etc.                                                                                                                                                      |                          |
| City & State<br><b>Lakeland, FL</b>                      |                          | City & State<br><b>Lakeland, FL</b>                                                                                                                                      |                          |
| Zip<br><b>33803</b>                                      | Country<br><b>U.S.A.</b> | Zip<br><b>33806</b>                                                                                                                                                      | Country<br><b>U.S.A.</b> |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>000021173800</b>                                                                                                             |                                                                   |
| <b>06/27/03--01035--004 **306.25</b>                                                                                            |                                                                   |
| 4. Date Incorporated or Qualified To Do Business in Florida                                                                     | <b>10-13-1975</b>                                                 |
| 5. FEI Number                                                                                                                   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                                                   |

|                                                                                 |                    |
|---------------------------------------------------------------------------------|--------------------|
| 7. Name and Address of Current Registered Agent                                 |                    |
| Name<br><b>Marilyn J Powell</b>                                                 |                    |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1037 S Florida Ave</b> |                    |
| Suite, Apt. #, Etc.<br><b>#125</b>                                              |                    |
| City<br><b>Lakeland,</b>                                                        | State<br><b>FL</b> |
| Zip Code<br><b>33803</b>                                                        |                    |

**THIS STATEMENT** 02-03

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------------|
| 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<br><i>Marilyn J Powell</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Date<br><b>06-05-2003</b>                      |                    |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                |                    |
| 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 |
| P/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Marilyn J Powell                  | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| V/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Jane Grimes                       | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| V/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Joyce Mann                        | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| S/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Marcia Tomkow                     | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| S/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mary Alice-Moran                  | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| T/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mary Wortman                      | 1037 S Florida Ave #125                        | Lakeland, FL 33803 |
| 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: <i>Marilyn J Powell</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | 06-05-2003 863-688-3743                        |                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | Date Daytime Phone #                           |                    |

- D Lee Etter  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Peg Prebor  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Sue Setliff  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Margaret Smith  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Charlyne Steele  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Ann Stockton  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Diane VanDusen  
1037 S Florida Ave  
#125  
Lakeland, FL 33803
- D Kay Zimmerman  
1037 S Florida Ave  
#125  
Lakeland, FL 33803