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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT PLORIDA DEPARTMENT OF STATE Secretary of State DMS (NO FOR CORPORATIONS) DOCUMENT# 7382// 15 APR - 2 AM 8: 49 COMPOSITION AND THE PROPERTY OF STATE SECRETARY OF STATE SECRETA	A-3		_
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2. Principal Office Address - No P.O. Box # 3. Mailing Office Address S. Amu CR28081 (11/10) 4. Date Incorporated or Quartiest To De Bunness in Florida To De Bunness in Florida To De Bunness in Florida 5. Fem. No P.O. Box Number S. Amus S		. a Churalian	
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Unity Lauderdean State 20 14/02/13-01013-023 ##558.75 State 219 Lode 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 Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (City / State / Zip City / State / Zip 10. E-mail Address: (To be used for future annual report notification) 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 817, F.S. I further certify, the increasatement application, the registron for dissolution has been eliminated, the corporation name estistifies the requirements of section 607.0401 or 617.0401, F.S. and that all fees overed by the corporation have the pelp all it. Hurther certify, the information indication is true and source and my solution has been eliminated, the corporation have the pelp all it. Hurther certify, the when firing this creinstatement application, the registron for dissolution has been eliminated, the corporation have the pelp all it. Hurther certify, the when firing this creinstatement application in the requirements of section 607.0401 or 617.0401, F.S. and that all fees overed by the corporation have the same legal effect as	Suger Address (F.O. Box Number is Not Acceptable)	1	1
State Zip Code 8. 1, 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 Let Thurston Date 3/27/15 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 Officers and/or Directors Street Address of Each Officers and/or Directors (To be used for Nature annual report notification) 10. E-mail Address: (To be used for Nature annual report notification) 11. Icertify 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 firing this reinstatement application, the register of for dissolution has been eliminated, the corporate name satisfies the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. I interfer certify, the information indicated on this application is the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. Interfer certify, the information indicated on this application is the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. Interfer certify, the information indicated on this application is the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. Interfer certify, the information indicated on this application is the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. Interfer certify, the information indicated on this application is the requirements of section 807, 0401 or 617, 0401, F.S. and that all fees cowed by the corporation have been paid. Interfer certify, the corporation have seen an area of the corporation have the same decirated and the section of	Suite, Apt. #, Euc.	then a se	700271361457
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Signature of Registered Agent August 21 Primary 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 Signature of Registered Agent Addresses of Each Officer and/or Directors City / State / Zip Titles Officers and/or Directors City / State / Zip 10. E-mail Address: (To be used for future annual report notification) 11. Locitify 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. If further certify that when filing this reinstatement application, the region for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees cowed by the corporation have been placel, it further certify the same legal effect as	1 '		<u>† </u>
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SIGNATURE: 3/27/13 540-562 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Priories	SIGNATURE:	Dump	3/27/15 540-562

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Officer/Director Detail			
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Title VP MACLACHLAN , LAURA 4606 SUTON ROAD DRYDEN, MI 48428 US		Edit or Delete Officer	7
representatives, etc.) on	Add New Officer/Director? y now list all principals (i.e., officers, officers) your online annual report. Our officer onal officers/directors are needed, mo	directors, managers, authorized no longer accepts attachments.	}
2 of 6 - Order a Certificate of	Status?		
Do you want a Certificate ○ Yes ② No ⚠ Certificate costs \$8.75. The C	of Status?	ng Fee.	
	Move on to the Final Review	·	

State of Florida, Department of State