PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 740478 98 MAR 31 AM 10: 02 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Wroyal vagabondsclub, inc. Principal Place of Business Mailing Address 1355 Grothe Street JACKSONVILLE, FLORIDA Jacksonville, Fl., 32209 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 1355 Grothe Street 3. New Mailing Office Address. If Applicable Date Incorporated or Qualified. To Do Business in Florida October 20, 1977 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 59-25/02/6 Applied For City & State Jacksonville, Florida City & State Not Applicable (SAME) Country \$8.75 Additional Fee required for a Certificate of Status <sup>Zip</sup>32209 CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip Pres. Arnett Rogers, Sr. 1355 Grothe Street Jacksonville Florida V-Pres Louis C. Myers 3113 Ribault Scenic Drive Jacksonville Florida Franklin D. Richardson"D" Sec 2429 St. Ledger Drive JacksonvillegFlorida 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Arnett Rogers, Sr. James E. Sanders Street Address (P.O. Box Number is Not Acceptable) 2361 Oak Hammock Lane 1355 Grothe Street Orange Park, Florida 32073 Suite, Apt. #, Etc. Jacksonville 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 1-30-98 Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 12. 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. 1-30-98 (904)355-0303 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERS, SR., PRESIDENT