

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 NOV -6 AM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

300241099583  
11/06/12--01013--004 \*\*122.50

CR2B081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2849651

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

~~538.75~~  
358.75  
300241099583  
10/23/12--01020--027 \*\*236.25

W112-54360

7. Name and Address of Current Registered Agent

Name  
RabinParker PA  
Street Address (P.O. Box Number is Not Acceptable)  
28163 US Hwy 19 N  
Suite, Apt. #, Etc.  
Ste 207  
City  
Clearwater

State  
FL  
Zip Code  
33761

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

REGISTERED AGENT MUST SIGN

Date

10/18/12

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	Peggy Branner	143 Woodette Dr	Dunedin, FL 34698
VP	Sirena Ionata	2144 Edythe	Dunedin, FL 34698
ST	Bob Fultz	191 Woodette Dr	Dunedin, FL 34698

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Robert Fultz*

ROBERT FULTZ-TREN

11/1/12

7272312170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #