PLEASE READ ALL INSTRUCTIONS BEFORE

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CORPORA REINSTATI	2 Restance	Secreta	TTMENT OF STATE by of State corporations	ð e	SI CRETARY OF VISION OF CORP 06 MAR 21 AM	ORATIO.	
DOCUMEI	, ,						
BARTOL	U POST NO						
Forei	en wars o	300068561883 03/24/0601007022 **3 4 8.75					
2. Principal Office A	ddress	3. Mailing Office Addre	3. Mailing Office Address				
5100,1	ine 24	510 W. VINE St		CR2E081 (12/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5//3/1982			
City & State	21	City & State		5. FEI Number		Applied For	
BALLON	Country	Bietow	Country		59455206	Not Applicable	
33830		33830	Polk	CERTIFICATE OF	STATUS DESIRED \$8.75 A	dditional Fee require Certificate of Status	
7. Name and Address of Current Registered Agent							
	Name JAMES L. Slaughter CMDR.						
Street	Address (P.O. Box Number is N	lot Acceptable)	DE'N'C'	TATEMEN			
Suite, Apt. #, Etc.						<u>, </u>	
City Bacton, 71					Zip Code 33830		
8. I, being appointe	d the registered agent of the abo	ove named corporation, am	familiar with and accept the o	bligations of section 60	07.0505 or 617.0503, F.S.		
Signature of Registered Agent Date //30/66 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 / Z	ip	
CIMOR JAMOS C. Slaughton			510 W. Vipe St		BARLOW 7/	33830	
SKING C	Chuck Butts		STO WIVING St.		BARDON 71	33130	
akw Dr			510 W. Vine St.		BACKON 7	९३२३४	
chier y	win Horman D. Music		510 W. VINC St		BACKON 71	33830	
se coid	Howey Owors		510 W. VINE ST		Ballus H	3 38 30	
	,						
this reinstateme owed by the cor	n an officer or director or the recont application, the reason for disporation have been paid and the on is true and accurate, and my	solution has been eliminate in names of individuals listed signature shall have the sar	d, the corporate name satisfier on this form do not qualify for me legal effect as if made under the control of	s the requirements of s an exemption contains	section 607.0401 or 617.0401,	F.S., that all fees ormation indicated	
1	SIGNATURE AND TYPED OR P	rinted Mame o f Signing O	FFICER OR DIRECTOR) 0	ate Daytime	rnone #	