PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

F0000001505 DOCUMENT #

1. Corporation Name

FILED

02 FEB 26 AM 9: 39

SECRETARY OF STATE

≥M	ILDA	IRA-B	LASS	_INC:=	<u></u>	

1						INCLAUMODIC	1 2011.21.	
Principal P	Place of Business	Mailing Addr	ress		-			
+10 HORIZON DRIVE SUITE 110 410 HORIZO BALEIGH NC 27615			N DRIVE. SUITE 110 3-27615					
If above a	addresses are incorrect in any way, line thro				REINS	STATEMEN	10-02	
9600 Bell Koad P.O			ing Office Address, if Applicable 1. Box 368		Date Incorp To Do Busin	orated or Qualified ness in Florida	03/20/2000	
City & State	·	Suite, Apt. #,			5. FEI Numbe	r	Applied For	
WIV	iasor, CA	VIV.	Windsor, CA		94-3261491		Not Applicable	
45	2ip 95492 Country USA 2		2ip 95492 Country USA		CERTIFICATE OF STATUS DESIRED (See required for a Certificate of Status)			
7. Names	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corpore	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
PD	PERRIN, PETER COLBERT, T	1 10 HORIZON DRIVE, SUITE 110 9600 Bell Road			RALFIGH NC 27615- Windsor, CA 95492_			
XSD S/T	FLLIS, TAMPA ROBERTS, DOUGU	110 HORIZON DRIVE, SUITE 110 610 Arrpark Rd			RALEIGH NG 27615 Napa CA	94558		
V	CARMICHEAEL, LYNNE A	260 CALIFORNIA STREET, SUITE 100			SAN FRANCISCO CA	94111		
AS	WARREN, RICHARD D SCOTT, PETER F	,	200 CALIFORNIA STREET, SUITE 100 610 Arrpark Rd.			SAN FRANCISCO CA NAPA CA	94111- 94558	
		30			100050968533 -03/12/0201042019			
						-03/12/02 ****900.00	****900.00	
	8. Name and Address of Current R	egistered Age	nt		9. Name and Address of New Registered Agent			
				Name				
CTC	ORPORATION SYSTEM							
	SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)					
	ATION FL 33324	i	Suite, Apt. #, Etc.					
		State Zip Code						
10. I, being Signature of Registered	Agent By	ion Sys	TREQUE	NASEEN NASEEN PECIAL AS	VI A. COI		12	
			ENT MUST SIGN					
11. I certify this reins	that I am an officer or director or the receive	er or trustee em	powered to execute t	this application as protection as protections to	ovided for in chap	oter 607 or 617, F.S. I furthe	r certify that when filing	

minated, 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.