PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # F07000005186			15 JUL -6 AM 10: 05			
Zip PDC 2. Prindpal Office Address - No P.O. Box # 235 E 1600 S	3. Mailing Office Add	iress	-			
Suite, Apt. #, etc. Suite, Apt. #		Box 50030		CR2E081 (11/10)		
Suite 110				4. Date Incorporated or Qualified To Do Business in Florida 10/18/2007		
Provo, UT Prov		^ III		5. FEI Number Applied For Not Applicable		
84606 USA	84605	USA	6. CERTIFICA		Additional Fee required a Certificate of Status	
CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Rd Suite, APR. W. ELC. City Plantation State Zip Code 33324			500274671385 07/02/1501025002 **2900,00			
8. I, being appointed the registered agent of the about Signature of Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Regis	Wh	m familier with and accept the		Date 6/22/20	015	
Names and Street Addresses of Each Officer an Titles	d/or Director (Florida nonp	Street Address of Eacl	n .	City / State /	Zin	
CFO Lyle Haycoc	ck 235	235 E 1600 S Ste 110			·	
REINST 2014	ATEM	ENT	D, C			
10. E-mail Address: shirley.hamblin@ziplo		o be used for future annual report	t notification)			
11. I certify that I em an officer or director or the receiver reinstatement application, the reason for dissolution awad by the corporation have been paid. I further of made under ceth. I em aware that false informatic SIGNATURE;	er or trustee empowered to in has been eliminated, the earlify, the information indic on submitted in a documen	to execute this application as p corporate name satisfies the r cated on this application is true	provided for in char equirements of se and accurate, and onstitutes a third d	ction 607.0401 or 617.0401, F.S., d my signature shall have the sam	, and that all fees to legal effect as .	

S. HAWKES

JUL - 6 A.M.