PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State		E	First State			
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JOHN R.	FEEGEL, P.A		. `.	•				
	·			·	REI	ISTATEN	ENT 88-04	
2. Principal Office Address			3. Mailing Office	Address			2.05	
c/o 100 North Tampa Street Suite, Apt. #, etc.				Tampa Street			MRD	
		tia in a wall	Suite, Apt. #, etc		4. Date Inco	rporated or Qualified		
Suite 2700			Suite 2700 City & State		To Do Bu	To Do Business in Florida 08/01/1982		
				1	5. FEI Numb		Applied For	
Tampa, F Zip	Cour	ntry	Tampa, Florid	Country	<u>59-141172</u>	9	Not Applicable	
33602	USA	Λ	33602	USA	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
	Name		7. Name a	and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	_ _	
	F & L Corp			. •	0.00	<u>PRDAR</u> 97	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	
\	Street Address (P.O. Box Number is Not Acceptable)							
	One Independent Drive Suite, Apt. #, Etc.				· · · · <u>12/2</u>	7/04 01:573 (
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	Suite 1300		+ *				1	
	Suite 1300 City	_				State Zip Code		
						State Zip Code FL 32202		
8. I, bein	City Jacksonville g appointed the reg	` 7		poration, am familiar with and	d accept the obligation	FL 32202	or 617.0503, F.S.	
Signature of	City Jacksonville g appointed the rec	gistered agent of t	he above named corn		d accept the obligation	FL 32202	or 617.0503, F.S. (90)	
Signature of Registered	Jacksonville g appointed the reconstruction Agent By:	bib	he above named corrections and service REGISTERED AGE	NT MUST SIGN		FL 32202 ons of section 607.0505 on Date 12-22	·. [2	
Signature of Registered 9. Name	City Jacksonville g appointed the rec of Agent By:	esses of Each Office	REGISTERED AGE	NT MUST SIGN orida nonprofit corporations Street Address of	must list at least 3 d	TEL 32202 ons of section 607.0505 on Date 12-22 rectors)		
Signature of Registered	City Jacksonville g appointed the rec of Agent By:	orp sses of Each Office	REGISTERED AGE	NT MUST SIGN orida nonprofit corporations	must list at least 3 d	TEL 32202 ons of section 607.0505 on Date 12-22 rectors)	or 617.0503, F.S. (6)010) State / Zip	
Signature of Registered 9. Name Titles	City Jacksonville g appointed the rec of Agent By:	sses of Each Office Name of ers and/or Director	REGISTERED AGE cer and/or Director (Fl	NT MUST SIGN orida nonprofit corporations Street Address of	must list at least 3 d	TEL 32202 ons of section 607.0505 on Date 12-22 rectors)	State / Zip	
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