PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State DIVISION OF CORPORATIONS HAR 12 PM 4: 27 REINSTATEMENT F96000003451 DOCUMENT # SECRETARY OF STATE TALLAMASSE, PLOPLDA 1. Corporation Name FOUNDATION EQUITY, INC. Mailing Address Principal Place of Business 12118 NORTH LOOP RD 12118 NORTH 100P RD SUITE 108 BOX 167 Trabon addresses are incorrection any way. line SAN ANTONIO TX 78216 1 8140 HOUS SELV. SOLITE 103 BOX 440 TS33 through incorrect information and enter to all the control to a self-to a self-t REINSTATEMENT 1993 1999 3 New Mading Office Address, If Applicable 2. New Principal Office Address. If Applicable Date Incorporated or Qualified To Do Business in Florida 07/09/1996 Suite, Apt. #, etc. 5. FEI Number Applied For City & State 74-2783402 Not Applicable Country CERTIFICATE OF STATUS DESIRED TV 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Past Officer Ban Numbers) Name of Officers and/or Directors City / State / Zip CRAIG, WARREN G 12118 NORTH LOOP RD. SAN ANTONIO TX MORROW, MIKE 12118 NORTH LOOP RD. SAN ANTONIO TX HARRISON, IRENE 12118 NORTH LOOP RD. SAN ANTONIO TX 7400002:81 4507: 7 9: -03/22/99 --01149 --025 -00,000**** 700002844507----9 -03/22/93 --01149 - -026 ******8.75 *****8.75 9 Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CRAIG, WARREN G -1355 Pinellas Bayuay S. Suite, Api #, Etc. Street Address (P.O. Box Number is Not Acceptable) 4522 W. SPRUCE STREET, #103 TAMPA FL 34236 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Suite, Apt. #, etc.

City & State

Title(s)

Р

VS

Signature of Registered Agent

and-

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

REGISTERED AGENT MUST SIGN

12-130/18 727-867-6954 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yes 📙

12. 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. 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.

(See other side for information on intangible tax.)