PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # F96000 1. Corporation Name Lyster Leaf	Sed DIVISION 1005242	EPARTMENT OF STATE cretary of State ON OF CORPORATIONS		FILED 05 NOV 10 PM 3: 26 SLURETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 3. Mailing Office Address 220 Techcourt 220		WO5-483dp	REMS	STATEMENT 04-05
Suite, Apt. #, etc. City & State (4)000.Stoc K Zip Country	Suite, Apt. #, etc. City & State		5. FEI Numbe 5-8-06	orated or Qualified ness in Florida August 1996 Applied For Not Applicable OF STATUS DESIRED 5375 Additional Fee required Not Applicate of Status
{ 7. Name and Address of Current Registered Agent — {				
Street Address (P.O. Box Number is Not Acceptable) 710 N. W. 5741 Street Suite, Apt. #, Etc. City Ft. Lauderdale 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT-MUST-SIGN Date 1/1-8-05				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le			ast 3 directors)	
Titles Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / State / Zip
PD Larry L. Hol 5 Margaret Good		aaao Techcourt		Woodstock, 12. 60098
TD Carol T. Holbs		aaao Techcourt	-	Woodstock, IL. 60098
DE J. 11/19			600 10/18/0	0060721636 501071009 **600.00
10. 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 filling 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. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				