PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APF	PLICATI	ON			DEPARTMEN			,			
	FOR				Katherine Ha						
REIN	STATE	/ENT			Secretary of St						
REINSTATEMENT DIVISION OF CORPORATIONS						ATIONS	FILED				
DOCUMENT # F9900000248 1. Corporation Name							01 OCT 22 PM 2:57				
· ·							SECRETARY OF STATE TALLAHASSEE FLORIDA				
RETIRE EARLY AND LIVE ENTERPRISES, INC.							1	ALLAHASSEE F	FOKION		
Principal Place of Business Mailing Address								£ (8):8 (8):1 #3(:4 #8(i) 8E/i(#	110 14 10 1106 81	ALE 828 AF 1811 1881	
630 AZALEA AVENUE					AZALBA AVE						
MERRITT ISLAND FL 32952 MERRITT ISLA				AND FL 334 3295	9	4 VEDENBER 1940 TOKIN OLDIN DENKI BENKI BENKI BENKI ERINA KION SI DEN 1861 1861					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								2001 DM			
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorpo	orated or Qualified oess in Florida	04144140		
Suite, Apt. #, etc. Suite, Apt. #, etc.					etc.	AVENUE			01/14/19	1	
City & State City & State				LAND	5. FEI Number	86-0858491	-	Applied For Not Applicable			
City a state				FLORIDI	9	6.		S8 75 Addit	ional Fee required		
Zip Country Zip 32952 Cou						VSH	L	OF STATUS DESIRED	for a Cert	ificate of Status	
7. Names a	and Street Add	resses of E	ach Officer and/	or Director (Flor	rida nonprofit corpora						
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
PCD	HODGES, DAN J				PO BOX 540925			MERRITT ISLAND FL 32954			
STD	HODGES, KARIN A				PO BOX 540925			MERRITT ISLAND FL 32954			
								1000469 -11/27/01-	4154 01003-		
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8. Name and Address of Current Registered Agent							9. Name and A	Address of New Registe	ered Agent		
N.						Name D	AN	J. HAT	166	5	
LISBOSES, ISBURYA. Stre						Street Address (F	P.O. Box Number	is Not Acceptable)	AVE	NOF	
630 AZALEA AVE						Suite, Apt. #, Etc	יו ז מיל	Y TOU	בלגו	<u> </u>	
MERRITT ISLAND FL 32952						City mkm	XXXII	1 100	State Zip C	ode o	
			$\overline{}$	111 1		FL 3	32952				
10. I, being	g appointed the	6 registered	agent of the abo	ve named corpo	ration, am familiar w	ith and accept the o	bligations of Sect	on 607.0505, F.S.			
		1	1	////							
Signature of Page 100 Date 0100 DATE DATE DATE DATE DATE DATE DATE DATE										l .	
Registered	Agen	1	WHI	GISTIERED AG	ENTWIST SIGN	/ w.o. a.t- a.t. 9/		Date VI	<u></u>		

11. 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 teason 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 stated 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

(321) 453-8949 Date Daytime Phone #