PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT		RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 JUL 12 AM 11:57		
DOCUMENT # G08737						
1. Corporation Name			SECRETARY OF STATE FALLARS ROUTERONDA			
Warehouse Developme	nt Companyh					
2. Principal Office Address - No P.O. Box # 3. Mailing Office 3460 N. Courtenay Pky 5673 St		ess Rush Drive	106 RE	INSTATE SENT	10-11	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		CR2E081 (11/10)		
				Date Incorporated or Qualified To Do Business in Florida		
City & State	City & State	State		- Continue		
Merritt Island, FL	······································		59 – 2360165 Applied For Not Applied For			
Zip Country 32953 Brevard	Zip	Country	6. CERTIFICAT		dditional Fee required	
	32940	Brevard		- lora (Certificate of Status	
7. Name and Address of Current Registered Agent Name Jeanne M. Gravley Street Address (P.O. Box Number is Not Acceptable) 5673 Star Rush Drive #106 Suite, Apt. #, Etc. Viera, FL City State Zip Code			400209888754 07/12/1101011011 ***900.00			
Viera State 25 Code State 25 Code 25 Code						
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						
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonp	rofit comporations must list at le	east 3 directors)	Y		
Titles Name of Officers and/or Director	ors	Street Address of Eac Officer and/or Directo		City / State / 2	lip i	
P Eugene Cabral		Falcon Hills	Drive	Littleton, CO	80126-29 1	
		 				
10. E-mail Address: Jmgha	1 ley @ ap 1	O M	rt notification)			
11. I certify that I am an officer or director or the re reinstatement application, the reason for dissolu- owed by the corporation have been paid. I furth- if made under oath. I am an in that false inform	rtion has been eliminated, the er certify, the information indi	e corporate name satisfies the icated on this application is true	requirements of se e and accurate, an	ection 607.0401 or 617.0401, F.S., id my signature shall have the sam	and that all fees e legal effect as	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						

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