PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	• •	FILED OCT -5 PM 5: 08
DOCUMENT#G34350		SEURETANY OF STATE TALLAHASSEE, FLORIDA	
1 Corporation Name		IACL	Militagraf, no.
DAVID K. THARR. P.A.			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4350 FOUTH THE 9350 SOUTH DIXIEHTE		4111AV	
Suite, Apt. #, etc. HCCHWAY Suite. Apt. #, etc.		CR2E081 (11/10)	
10 FLOOR 10th P	LOR	Date Incorporate To Do Business in	
City & State City & State	11. 19	5、FEI Number	Applied Far
N) (AM1, FL A) A Zip Country Zip	Country	59-726	
33156 USA 33154	5	CERTIFICATE OF	STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
DAUSD R. THARP	_		
Street Address (P.O. Box Number is Not Acceptable) 93505047H 11XIS 11/6HWAY		800212954178	
Suite, Apt. #, Etc.		10/05/11	101024002 **750.00
City FLOOR	State Zip Code		
MIAMI	FL 33136		
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 Date 10/1/20//			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
DP DAVID KTHARP	9350 SOUTH PIX	12	MIAN1, 82 331.56
HIGHWAY, 1014 FLYOR			
REINSTATEMENT 1) 73 10 15 11			
10. E-mail Address: of than (a) wal tow ant aff Long (To be used for future annual report netification)			
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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree fellowyas provided for in s.817.155, F.S.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Desyline Phone #			