PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 SEP -7 AM 6: 16
DOCUMENT# H14485 1. Corporation Name Prospecting FLAX	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3. Mailing Office Address 3. Suite, Apt. #, etc Suite, Apt. #, etc	4. Date Incorporated or Qualified To Do Business in Florida
City & State Student, FI City & State Student, FI Student, FI Student, FI Zip Country USA Zip Country USA Country USA	5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Name Name Name Name Name Noncycle M. Plant Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State State Zip Code FL 34997	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 8 - 3 / - 0 Proceedings of the process of the obligations of section 607.0505 or 617.0503, F.S. Date 8 - 3 / - 0 Proceedings of the process of the obligations of section 607.0505 or 617.0503, F.S.	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	
P. Donaco Plant Same	Sene
T. Roberta Plent	09/07/0701042010 ***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 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Day Day Day Day Day Day Day Da	