PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS DOCUMENT #** 98 HAY 14 AM 9:33 Bill RAdcliffe Air Craft Sherting 1. Corporation Name SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5211 M.E 17-TUN Fi Condudate FT. Candedale Fla If above addresses are incorrect in any way, line through incorrect information and enter correction below 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number City & State City & State Country Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Pres Bill RAdelIFFE 5211 M.E. 17 Ten 2000025309 -05/20/98--01098--006 E ****315.00 ****315.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name STEVEN F. Squine 605 N. E 3 Ave Street Address (P.O. Box Number is Not Acceptable) HT, Canderdale Fla Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes 🔽 on intangible tax.) No L Intangible Personal Property tax due June 30. 12. 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 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. 5/11/98 365-11/6 Date Daytime Phone #

SIGNATURE: