PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham EOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 JUL 13 PM 3: 06 LON STRUCTIO SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 200002590272---5 -07/16/98--01008--003_ N. DIXIE MANORS, ***1208.75 ***1208.75 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 86 5. FEI Number Applied For 65 00000 72 Not Applicable CERTIFICATE OF STATUS DESIRED

S8.75 Additional Fee required for a Certificate of Status Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Sames T. BARBER 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, Etc. City State Zip Code 10. I, being appointed the register corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ Date REGISTERED AGENT MUST SIGN 11. This conforation owes or has paid the current year (See other side for information on intangible tax.) Yes 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 filling 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 of 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 sage legal effect as if made under oath. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR