PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		SECRETATION OF STATE TALLAPASSES ROMES	
2. Principal Office Address - No P.O. Box # 3. Mailing O 1364 Sand Rd. Suite, Apt. #, etc. City & State Law ahasse FL. Zip Country Zip Zip Zip	etc.	To Do Busi 5. FEI Numbe 592	CR2E081 (11/10) corated or Qualified ness in Florida Applied For Not Applicable E OF STATUS DESIRED SACTIVE Not Applied for a Curtificate of Status	red
Name and Address of Current Regis Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 8. I, being appointed the registered agent of the above named corpo	State Sip Code FL 32310			
Signature of Registered Agent REGISTERED AG	ENT MUST SIGN		Date 3-4:16	-
Names and Street Addresses of Each Officer and/or Director (Flo Name of	orida nonprofit corporations must list at lea Street Address of Each	st 3 directors)	City / State / Zip	_
As. Joseph I. Enduly	1304 Sand R	S.		23/0
	ZIIVS	i/ab#		
	ach		MAR 0 4 2016	
			R. HUNT	
10. E-mail Address:	(To be used for future annual report n	otification)		
11. I certify that I am an officer or director or the receiver or trustee em reinstatement application, the reason for dissolution has been elimin owed by the corporation have been paid. I further certify, the inform if made under oath. I am aware that these information submitted in a SIGNATURE:	powered to execute this application as pro nated, the corporate name satisfies the re- ation indicated on this application is true a	ovided for in chap quirements of sec and accurate, and	ction 607.0401 or 617.0401, F.S., and that all fees I my signature shall have the same legal effect as	 <u></u>