PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 99 FEB 18 AM 1: 33 1. Corporation Name SECRETALLE OF STATE TALLAHASSEE, FLORIDA PLANT CITY COMMERCIAL PARK, INC. W440000002454 Principal Place of Business Mailing Addres 1407 E. BAKER STREET PLANT CITY, FL 33566 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4 Date Incorporated or Qualified To Do Business in Florida JUNE 18,1987 Suite Apt #, etc Suite, Apt. #. elc ££1 Number City & State City & State 59-2824250 Ζıρ Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip and/or Directors Title(s) PRES. CHARLES W. WYNN 1407 E. BAKER STREET PLANT CITY, FL 33566 Plant City FL 33566 1407 E. BAKER ST CHRIS VORDERBERG SEC. PLANT CITY, FL 33566 <del>1407 E. OAKEDALE A</del>VE. man2781014--8 -02/19/99--01078--022 REINSTATEMENT 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Chris Voederbure Street Address (P.O. Box Number is Not Acceptable) CHRIS VORDERBERG 1407 Baken 4407 E. OAKEDALE AVE. Suite, Ant #, Etc <del>335</del>66 --PLANT CITY, FL City Plant C.t. State | Zip Code FL | 33566 med compration, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the stered agent of the above Signature of \*\*
Registered Agent Date 11. This corporation owes or has paid the current year (See other side for information No THERE IS NONE DUE Intangible Personal Property tax due June 30. 12. Foertify 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 reinstallement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401. F.S. that at 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

ER OR DIRECTOR