PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 3:16

DOCUMENT #K20211

1. Corporation Name

HOWARD LONG CO., INC.

600003455876--1
-11/07/00--01103--021
****758.75 ****758.75

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
c/o 203 South Lake Trail	Post Office Box 6688
Suite, Apt. #, etc.: Attn: Howard W. Long	Suite, Apt. #, etc.
City & State: Palm Beach, FL	City & State: Wheeling, WV
Zip: 33480 Country: US	Zip: 26003 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1988

5. FEI Number: 59-2530804 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Howard W. Long

Street Address (P.O. Box Number Is Not Acceptable): 203 South Lake Trail

Suite, Apt. #, Etc.:

City: Palm Beach State: FL Zip Code: 33480

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: Howard W. Long Date: 10/19/00

HOWARD W. LONG REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Howard W. Long	203 South Lake Trail	Palm Beach, FL 33480
S,VP,T	Wendy Long	203 South Lake Trail	Palm Beach, FL 33480

09/03/1

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 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.

SIGNATURE: Howard W. Long HOWARD W. LONG PRESIDENT 10/19/00 561 852 8216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #