PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

01UBR

FILED
02 JAN 14 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95976

1. Corporation Name
FACT ENTERPRISES INC.

2. Principal Office Address	**3.** Mailing Office Address
6102 24th ST. E.	6102 24th ST. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34203 Country: USA	Zip: 34203 Country: USA

01-02 UBR

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0125991 — 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: VERA HORNYAK

Street Address (P.O. Box Number is Not Acceptable): 357 6th AVE. W.

Suite, Apt. #, Etc.:

City: BRADENTON State: FL Zip Code: 34205

800004853528--2
-02/01/02--01053--016
****308.75 ****308.75

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: Vera Hornyak — REGISTERED AGENT MUST SIGN — Date: 1/10/02

CR2E081 (9/00)

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
PRESIDENT	DWIGHT S. ROSENBARGER	7952 FRUITVILLE RD	SARASOTA, FL 34240

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: DWIGHT ROSENBARGER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12/13/01 — Daytime Phone #: 941-727-3228