

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 26, 2003 8:00 A
Secretary of State

DOCUMENT # L00000011001

1. Corporation Name

Central Florida Equity Partners, LLC

2. Principal Office Address

298 Lake Markham Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL 32771

City & State

SAME

Zip

32771

Country

USA

Zip

SAME

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2000

5. FEI Number

593669802

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

Michael R. Fouts

Street Address (P.O. Box Number is Not Acceptable)

298 Lake Markham Rd.

Suite, Apt. #, Etc.

City

Sanford,

State

FL

Zip Code

32771

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

Michael R. Fouts
REGISTERED AGENT MUST SIGN

Date *Dec. 20, 2003*

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
Direc	Dover R. Fouts	107 Academy Street	Burnsville, NC 28714
Member	Michael R. Fouts	298 Lake Markham Rd.	Sanford, FL 32771

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:

Michael R. Fouts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/03

Daytime Phone #

407 4978110

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December 18, 2003

Florida Department of State
409 East Gains Street
Tallahassee, Florida 32314

To whom it may concern:

Please be advised that we did not receive the Corporate annual report /
reinstatement form at our physical or mailing address.

After I spoke with your office we were instructed to write a letter and inform you
of this. In addition we were asked to send in a normal renewal fee.

I have enclosed check # 5056 in the amount of \$ 158.75 to cover the renewal
and the certificate of status.

Thank you for your attention to this matter.

Sincerely,

Dover R. Fouts, Director

Dover R. Fouts
Director
Central Florida Equity Partners, LLC
FEI 593081823

Cc: File