PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # L36807 00 MAR -7 PM 1: 04 1. Corporation Name SECRETARY OF STATE S. DAY, INC. TALLAHASSEE, FLORIDA Principal Place of Business 5533 Ashley Parkway 5533 Ashley Parkway Sarasota, FL 34241 Sarasota, FL 34241 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/18/89 Suite, Apt. #, etc. Sude. Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2985299 Not Applicable Country Zio Country CERTIFICATE OF STATUS DESIRED X 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) P/S/T D Raymond Day 5533 Ashley Parkway Sarasota, FL 34241 200003172637--8 -03/16/00 --01053 --012 ****825.00 ****825.00 <u>'00003172637--</u> -03/16/00--01059--013 ****983.75 ****983.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Steven Day Raymond Day 726 South Oregon Street Address (P.O. Box Number is Not Acceptable) 5533 Ashley Parkway Tampa, FL 33606 Suite. Apt. #. Etc. City State Zip Code Sarasota 34241 10. I, being appointed the registere cent of the above named com pration, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of REGISTERED AGENT MUST SIGN Bögisteled Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) at in supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I re-income any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from bublic noness. If the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I turber certify that when filling indexen for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., and that all yet been paid. The information opticated on this application is true and accurate, and my signature shall have the same legal effect as it made. 12. If do hereby cenify that the informati lease the Division of Corporations confly that I am an officer or declaration for constatement upon cause for free owed by the corporation ave been paid. The intornation aymma SIGNATURE: Raymond Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

941-927-0398

Daytime Phone #