PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTING Secretary of Division of Con-	of State		FILED 07 DEC 19 PM		
DOCUMENT # N 000000 2478 1. Corporation Name			CLUNTIAN OF STATE TALLAHASSEE, FLORIDA			
VARELA STREET ASSOCIATION						
			12 /19/ 0	011327657 0701038019 *	7 ○ *315.00	
Principal Office Address - No P.O. Box # 3. Mailing Office Ad		Address RFING		STATEMENT, C	47 AD	
1208 Varela St. Suite, Apt. #, etc.	1208 Varel			MA BALLUS (N/07) C	12-0	
жие, Арс #, ещ.	Suite, Apr. #, etc.	4. Date Inco		rated or Qualified	1_	
City & State	City & State			ess in Florida 4/10	2000 Applied For	
Key West, FL	Key West, F	Key West, FL		650 998478 Not Applicable		
Zip Country U.S	Zip (Country U.S	6. CERTIFICATE O	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Name ELAINE GINSBA	ERG			The reinstatement fee is imposed, except in circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable 120 8 Varcla ST.			the prior notices. By checking this box, you			
Suite, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement			
City Key West State Zip Code FL 33040			fee be waived.			
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 Glaine Giroberg				Date 12/17/2007		
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 Directo		Street Address of Each Officer and/or Director	h 1	City / State / Zip		
C/T ELAINE GINSE	BERG 1208	1208 Varela ST. 10		DKey West, FL 33040		
T Robert Fiers	T 106	106 Timberlee Dr		Evans City, PA 16033		
T Martha Robinson 2710 S		Seidenberg	g Ave Kay West, FL 33040			
T Elizabeth Birm	singham 107	107 W. 6 M ST.		Palisade, Co 81526		
IT Robert Evering	ham 115	115 White Horse Pike		Haddon HTs., NJ 08035		
T Shirley Goodre	oe 524	Washington /	Ya11	Cape May, NJ 08204		
10. I certify that I am an officer or director or the rethis reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my	lissolution has been eliminated, the names of individuals listed on t	he corporate name satisfies this form do not qualify for a	the requirements of an exemption contain	f section 607.0401 or 617.0401,	F.S., that all fees	

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