PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 AM 9:3
SECRETARY OF STAT
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DOCUMENT # N01000001397

REINSTATEMENT 02

1. Corporation Name
Make a Difference Now, inc

2. Principal Office Address	3. Mailing Office Address
7763 Barberry Drive	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State Orlando, Fl	City & State
Zip 32835 Country Orange	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02-27-01

5. FEI Number 59-3701961 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: LARRY YAWT
Street Address (P.O. Box Number is Not Acceptable): 7763 BARBERRY DRIVE
Suite, Apt. #, Etc.:
City: ORLANDO State: FL Zip Code: 32835

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 Larry Yawt Date 10-21-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Prez D	Larry Yawt	7763 BARBERRY DR ORLANDO, FL	Orlando, Fl 32835
D	Karen Yawt	7763 BARBERRY DR	Orlando Fl 32835
D	Paul Yawt	4371 NE 13 Terr	Ft Lauderdale, Fl 33334

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: Larry Yawt LARRY YAWT President 10/21/02 407 709-6605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #