PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State. DISSISTED OF MAR 31 AM 8: 07 SECRETARY OF STATE SECRETARY OF STATE STATE SECRETARY OF STATE S	PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS-FORM.
1. Corporation Name Note: Wasses Conso minimal Annulus of the Address Note: Address Sales, Act. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Secretary of State	SEORETANY OF STATE TALL AHASSEE, FLORIDA
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Suite, Apt. 4, Etc. Suite, Apt. 4, Etc. Suite, Apt. 4, Etc. Suite, Apt. 4, Etc. Applied for Status City & Status Country To Name and Address of Current Registered Agent Street Address of F.O. Sox Number is Not Absorbed by Status Suite, Apt. 4, Etc. Signature of Registered Agent Registered Agent Titles Officers and/or Directors Name Registered Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Status Harrandon Street Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Sharp Marker Titles Name of Status Status Street Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Status Harrandon Street Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Sharp Marker Titles Officers and/or Directors Date The Applied For Non Applied For Non Registered Agent Street Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Sharp Marker Titles Officers and/or Directors Date The Applied For Non Registered Agent Street Address of Each Officer and/or Director (Floridad noncrofit corporations must liet at least 3 directors) Sharp Marker The Applied For Non Registered Agent Sharp Marker The Applied For Non Registered Agent Sharp Marker The Applied For Non Registered Agent Sharp Marker Applied For Non Registered Agent Applied For Non Registered Agent Sharp Marker Applied For Non Registered Agent Applied For Non Registered Applied For Non Registered Agent Applied For Non Registered Applied For Non Registered Applied For Non Registered Applied For Non Registered Applied For Non Registered		num Appreciation, Inc.	REINSTATEMENT 03-09
Suite, Apt. W. etc. Suite, Apt. W. etc.			01X09/0401044015 **175.00
City & State Country			
Titles The A Discourse of Each Officer and/or Directors Titles The A Discourse of Each Officer and/or Directors The Address of Each Officer and/or Director Of	City & State	City & State	To Do Business in Florida
7. Name and Address of Current Registered Agent Name Town Street Address (P.O. Box Number is Not Adcepted by Street Address (P.O. Box Number is Not Adcepted by Street Address (P.O. Box Number is Not Adcepted by Street Address (P.O. Box Number is Not Adcepted by Street Address (P.O. Box Number is Not Adcepted by Street Address 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 (Florida nonprofit corporations must list at least 3 directors) The Street Address of Each Officer and/or Directors Titles Name of Officers and/or Directors The Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			54-2067999 Not Applicable
Name In As particle Property My Servet Address (P.O. Box Number is Not Alceptebele) ASS So. Direct Highway Suite, Apt. #, Etc. City Hamsolds 8. I, being appointed the registered agent with above named convenion, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTEVED AGENT MUST SIGN Date 12 15 33 -12 04 9. Names and Street Addresses of Each Officer and/or Director (Floridal nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officers and/or Directors The Stan Walch ANS So. Direct Hamsolm Ha	_3332 VSA	33032 UJA	ACCITICATE OF STATUS OF SIGN [] TOUR ACCITIONS FOR FOURTH
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director TD Stan Walch 2003 S. Director Homeology Fl. 37:32 PD Sharow Smith 2003 Director Homeology Fl. 30:32	Street Address (P.O. Box Number is No 27553 So. Disk Suite, Apt. #, Etc. City City City Signature of Registered Agent Registered Agent	e named collaboration, am familiar with and accept the ob	State Zip Code FL 33032
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VPD Thomas Cintessa 2xxx S. Dure they Homestern FI Door	PD Sharon Smith	37553 Dixe	they thorogles Fl Dor
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #			