PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 09 APR 29 PM 12: 33
DOCUMENT # ND2000		SECRETARY OF STATE TALLAHASSEE, FLORIDA
- DECLIFICATION OF THE TOTAL OF HE		KEINSIAILMILMI
2. Principal Office Address - No P.O. Box # 1941 LAVOU STREET Suite, Apt. #, etc.	3. Mailing Office Address 1941 LAVON STREET Suite, Apt. #, etc.	700153623567 04/29/0901007007 **218.75 CR2E081 (12/08)
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida DEC. 23e 2003
LAKELAND, FLORIDA	LAKELAND, FLORDA	5. FEI Number Applied For Not Applied For
33805 Country	33805 Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name OHU W. SMITH Street Address (P.O. Box Number is Not Acceptable) 1941 LAVON STREET Suite, Apt. #, Etc. City LAKELAND State Zip Code FL 33805		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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 Date April 14, 2009		
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 Directo	
D JOHN W. SINT	TH 1941 LAVON STR	EET LAKELAND, Fl. 33805
3 YOUNG, GERALL	THE 1941 LAVON STR	EET LAKELAND, FL. 33805
T MYRTLE-SMI	CTH 1941 LAVON STA	PEET LAKELAND, FL. 33805
D JACKSON, NOVE	TTA 1941 LAVON STR	CET LAKELAND, Fl. 33805
D ENGLISH, CHES	TER 1941 LAVON STR	EET LAKELAND, FL 33805
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 contained in Chapter 119, 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 cath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		

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