


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;">CORPORATION REINSTATEMENT 2005 ANNUAL REPORT</div><div style="text-align: center;"><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 APR 19 PM 12:12 300054227013 05/10/05--01084--014 **61.50</div>	
DOCUMENT # <u>N03000008821</u>			
1. Corporation Name <u>NONE SHALL LACK, INC</u>			
2. Principal Office Address <u>4210 Brittany Rd.</u> <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address <u>P.O. Box 5P5483</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>Orlando, Fl.</u>	City & State <u>Orlando, Fl.</u>		
Zip <u>32808</u>	Country <u>32858</u>		
4. Date Incorporated or Qualified To Do Business in Florida <u>10/07/2003</u>			
5. FEI Number <u>432050619</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>James Turner</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4210 Brittany Rd.</u>			
Suite, Apt. #, Etc.			
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32808</u>		
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>4/13/05</u>			
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
DP	Turner, James A JR	4210 Brittany Rd.	Orlando, Fla. 32808
DP	Turner, Shawanda	4210 Brittany Rd.	Orlando, Fla. 32808
DT	Turner, Kenneth	45 Parramore Ave.	Orlando, Fla. 32801
DS	Gaines, Samantha	925 Fern Dell St.	Orlando, Fla. 32808
M	Wiggins, Cecily	40 N Parramore Ave	Orlando, FLA 32801
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/13/05</u>	Daytime Phone # <u>407-523-8044</u>