
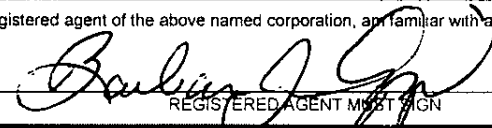
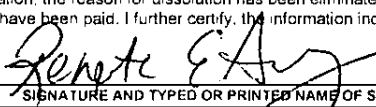


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 JUN -7 AM 8:12	
DOCUMENT # NO3000010289					
1. Corporation Name FLORIDA ORCHESTRA EVENING BUILD, INC <div style="text-align: right;">WI-22896</div>					
2. Principal Office Address - No P.O. Box # 244 2ND AVE N.		3. Mailing Office Address 4423 Hollow Branch			
Suite, Apt. #, etc SUITE 420		Suite, Apt. #, etc #			
City & State St Petersburg, FL		City & State TAMPA FL			
Zip 33701-3318	Country USA	Zip 33624	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/25/03 5. FEI Number 200733749 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 BARBARA 1221 Street Address (P.O. Box Number is Not Acceptable) 2 Adalia Avenue Suite, Apt. #, Etc #903 City TAMPA State FL Zip Code 33606					
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 5/4/2010 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
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		
P	Renate Armitage	4421 Hollow Branch	TAMPA FL 33624		
S	SHIRLEY DISLEY	11208 Carrollwood Dr	TAMPA FL 33618		
T	ANGELA MONTOLA	4046 Mill Pond Rd	Wesley Chapel, FL 33543		
10. E-mail Address: renate1@tampabay.fl.com <small>(To be used for future annual report notification)</small>					
11. 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. I further certify, 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:  Renate Armitage 5/4/10 813 966 2525 <div style="display: flex; justify-content: space-between; font-size: x-small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					