

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO5000004518

1. Corporation Name

Executive Singles, Inc.

W14-25691

2. Principal Office Address - No P.O. Box #
1665 Nassau Street

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Titusville, Florida

City & State

Zip
32780

Country
Brevard

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
4/29/2005

5. FEI Number
142326076

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Reinstatement

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Herb Rice

Street Address (P.O. Box Number is Not Acceptable)
1885 Nassau Street

Suite, Apt. #, Etc.

City
Titusville

State
FL

Zip Code
32780

700259203187
05/12/14--01003--009 **61.25

700259203187
04/18/14--01034--028 **358.75

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

Herb D. Rice
REGISTERED AGENT MUST SIGN

Date **April 30, 2014**

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	Herb Rice	1665 Nassau Street	Titusville, Fl. 32780
VP	Grace Merifield	330 Elkhorn Court	Winter Park, Fl. 32792
Sec.	Barbara Foster	2150 Terrace Blvd.	Longwood, Fl. 32779
Tres.	Jack Black	5975 Sheryl Anita Street	Oviedo, Fl. 32765
	<i>Herb D. Rice, President</i>		MAY 12 2014
			REINSTATEMENT R. HUNT

10. E-mail Address: herbrice@gmail.com

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Herb RICE - PRESIDENT *Herb D. Rice*

4/15/2014

321-863-5361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #