2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

Signature Country Country Signature Country Signature Country Signature Country Signature Country Signature Sign	2. Principal F	AVENUE L 32809 Place of Business LW.S.R. 434 #, etc. 884	3. Mailing Address Suite, Apt. #, etc. City & State	5. S. R. 434	11282006 REIN-NP	SAT OF STATE SSEE, FLORIDA	
Suite, Apt. 9, etc. Suite, Ap	3170 Suite, Apt.	1. 610. 62. 62. 634 1 #. 610. 6 84 1. 610. 61	Suite, Apt. #, etc. # 3 & 4 City & State	(132114-14		
Surice, Apr. 8, etc. 11282006 REIN.NP CR2E099 (11/105) O C	#3	#, etc. 584 Lacoco, FI	Suite, Apr. #, etc. # 384 City & State	(132114-14	11 17 1, 3	
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Sand	100°	1-20-0-1		041 - FI	4. FEI Number	Applied For	
6. Name and Address of Current Registered Agent WORK, CHERYL 2170 W. S.R. 434 SUITE 384 LONGWOOD, FL 32779 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits and acc	<u>5</u> 2	77 USA	_ <ip< td=""><td>00</td><td>20-594410</td><td>Not Applicable \$8.75 Additional</td></ip<>	00	20-594410	Not Applicable \$8.75 Additional	
WORK, CHERYL 2170 W. S. R. 434 SUITE 384 LONGWOOD, FL 32779 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits and submits agent and too of disclose. SIGNATURE Signature, yound jo holed frame of impatiened agent and too of disclose. ONOTE Pregistered Agent algundure required when reinstational DATE FILE NOWIT! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 OFFICERS AND DIRECTORS In accordance with s. 607.193(2)(b), F.S., the prior notice. Florida Department of State Florida Department	<u></u>	6. Name and Address of C	Current Registered Agent	USA _	1	Fee Required	
SUITE 384 LONGWOOD, FL 32779 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance with submits required when remarking) FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. Directol Chery J. Walk STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME Delete TITLE NAME Delete TITLE NAME Delete TITLE NAME Change Add Change Add Change Add Change Add Add Change Add Change Add Change Add Change Add Add Change Change Add Change	Name				SAME		
8. The above named entity submits this statement for the purpose or changing its registered agent, or both, in the State of Florida. I am familiar with, and accordance of registered agent. SIGNATURE SIGNATUR	2170 W. S.R. 434 SUITE 384				Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accordance of registered agent. SIGNATURE	LONGWO	OD, FL 32779		City		P ∎ Zip Code	
SIGNATURE Signature Signa	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
Signature, typood of Police Times of registered agent and title of discloses. (NOTE) teglistered Agent signature required when reinstating) DATE	the obligations of registered agent.						
After January 1, 2007, Fee will be \$122.50 THE COPPORATION did not receive the prior notice. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP Delete THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME NAME THLE NAME Change Add Add Add Add Add Add Add Add Add Ad							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver of trustee empowered to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address/with all other like empowered.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	F'	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desprine Phone #	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplemental poration or the receiver of truster, or on an attachment with an action	☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Blift for the exemptions contain	ned in Chapter 119, Florida Statutes. e same legal effect as if made under 17, Florida Statutes; and that my nam	Change Addition	