PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Country 2p Country 32254 U.S.A. 32254 U.S.A. CERTIFICATE OF STATUS DESIRED 3275 Additional Fore for a Cortification of Status Desired		RPORATI ISTATEM			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				1	JAN -	LED -3 AH 10: 51			
2. Principal Office Address 5731—4 Commonwealth Ave. Suite, Apt. #, etc. Suite, Apt. #	1. Corporat	1. Corporation Name												
Suite April 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 April	& Other, Inc.								40)	i i i i i i i i i i i i i i i i i i i	326480	'" 24	nn	
Suite, Apt. #, etc. Suite, Apt. #, etc.	•			· · · ·				!		'w			lana.	
City & State Ci			iweat.	th Ave.			wealth ave	-	1		CR2E081 (12/05))		
Jacksonville, FI Jacksonville, FI Jacksonville, FI Jacksonville, FI Jacksonville, FI Jacksonville, FI Zip Gounty JCS, A. State County JCS, A. Registered Agent Name L. E. Crawford Street Address (P.O. Box Number is Not Acceptable) 5731-4 Commonwealth Ave. Suite, Apt. 4, Etc. City Jacksonville FI Jacksonville Sinete Address of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors D L. E. Crawford Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Titles Officers and/or Directors Titles Officers and/or Directors Titles Officer and/or Director Titles Off			·	<u> </u>		etc.			4. Date incorp To Do Busir	orated or ness in Flo	Qualified Orida Novembe	r 2, 2(005	
Zp 32254 Country U.S.A. 32254 U.S.A. G. CERTIFICATE OF STATUS DESIRED X ST	ļ		531			*****	**1	ļ						
To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent Name L. E. Crawford Street Address (P.O. Box Number is Not Acceptable) 5731-4 Commonwealth Ave. Suite, Apt. #, Etc. City Jacksonville State Zip Code FL 32254 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.0505 or \$17.0503, F.S. Signature of Registered Agent Ag		ville,	,			ville,	·,	!		531		Not	t Applicable	
Street Address (P.O. Box Number is Not Acceptable) 5731–4 Commonwealth Ave. Suite, Apt. #, Etc. City Jacksonville State Zip Code FL 32254 6. I, being appointed the registered agent of the above named corporation, ann familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and for Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and for Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and for Director (Florida nonprofit corporations must list at least 3 directors) 8. Names and Street Addresses of Each Officer and for Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and for Director (Toty State / Zip D L.E. Crawford S731–4 Commonwealth Ave. Jacksonville, F1 32254 D Margaret Rozier 5731–4 Commonwealth Ave. Jacksonville, F1 32254 D Amber D. Branch 7525 Townsend Rd. Jacksonville, F1 32244 10. Learly that Lam 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 fill this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507.040 or 617.0401, F.S., that all fe 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 indiction this application is true and accurate, and my signature shall have the asme legal effect as if made under oath.				•	1 .		Ţ -		6. CERTIFICATE	OF STATU				
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this rein owed by on this	instatement ap by the corporat application is TURE:	pplication, ation have a true and	n, the reason for disse been paid and the discurate, and my si	solution has been names of individu signature shall har	n eliminated, duals listed o ave the same	f, the corporate name s on this form do not qua te legal effect as if mad	satisfies alify for a	the requirements an exemption cont er oath.	of section tained in (1 607.0401 or 617.040 Chapter 119, F.S. The	01, F.S., that a information i	t all fees i indicated	

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