## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 DEC 23 PM 4: 10	·
DOCUMENT # NOCOOOO 3650  1. Corporation Name		SECRETARY OF STAT TALLAHASSEE, FLORI	i E
The Sergeaut Dennis Jan	nes Flanagan Faundation Inc	300163919863 12/23/0901034005 **306.25	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	DEINOTATEMENT 66 54	
1965 East Circle S. Drive	1965 East Cracke S. Drive	REINSTATEMENT 08-09	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida April 3, 2006	
City & State	City & State	5. FEI Number Applied For	
INVERNESS FL	Inverness FL	20 - 4686640 Not Applicable	
Zip Country USA	34453 County USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name PATRICIA A. FLANAGAN  Street Address (P.O. Box Number is Not Acceptable) 1965 East Circle 5 Drive  Suite, Apt. #, Etc.		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
City State Zip Code FL 34453		fee be waived.	
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 Patricia G. Hanagar Date 12/32/09  REGISTERED AGENT MUST SIGN			
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		tor City / State / Zip	
:D. Jennifer R Garndo UD935 B VIGILANI		Lemoore CA 93245	
D. Garlos A Garrido 2935 B VIGILANT		NITE AVE LEMOORE CA 93245	
. D., Manssa S Balderas 2270 West Wavecrest Drive Citrus Springs FL 34434			
D. Rodney 3 Bald	eras 2270 West Wavecr	rest Drive Citaus Springs FL 34434	
V Dennis Flan	agan 1965 East Circle	5 Drive Inverness FL 34453	
19/1/5 Patricia A Flar	ragan 1965 East Circle:	S. Drive INVERNESS FL 34453	
10. E-mail Address: integralom 97 & YAhoo, com			
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: SIGNATURE AND	CHARGE HARCIA A FLANCE TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECT	2/) /2/09 352 637 5242   CTOR Date Daytime Phone #	1