PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 OCT [illegible] PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N24237

1. Corporation Name
Tallahassee AppleUsers Group, Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
P O Box 14442	P O Box 14442
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32317-4442 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01/06/1988

5. FEI Number: Not Applicable ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert M. O'Lary

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****175.00 ****175.00

Street Address (P.O. Box Number Is Not Acceptable): 2311 Jim Lee Road

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Robert M. O'Lary Date: 10-9-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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/D	Kissinger, Gary	7642 McClure Dr	Tallahassee, FL
VP/D	Yates, Charles	1204 Gardenia Dr,	Tallahassee, FL 32312
T/D	Gunderson, Chris	2750 Pine Ridge Rd	Tallahassee, FL 32308
S/D	Osborn, Linnie	1406 Nancy Dr.	Tallahassee, FL 32301

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Linnie Osborn LINNIE OSBORN 10/11/01 487-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #