PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SEVRETARY OF STATE
TALLAHASSSE 1 GRODA FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 11 NOV 18 AM 9: 36 DOCUMENT # Corporation Name Reys ENVIAONMENTAL STATEMENT FUND, INC. 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 200 5, CR2E081 (11/10) Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State FEI Number Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. **000214467780** 11/18/11--01045--001 \*\*236.25 State AMORITDA 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director 10. E-mail Address: (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.§17.155, F.S.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: