## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT  |                     | FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations |   | 09 SEP 21 PM 2: 03  |   |  |  |  |
|---|---------------------|---|---|---|---|--|--|--|
| DOCUMENT #  1. Corporation Name   | N43400              |   |   |   | ٠, ٧٠. أ                                  | AHASSEE, FLORII  | Ā  |  |
| Florida State LST Chapter, Inc.   |                     |   |   |   | 200159548922<br>09/21/0901004005 **402.50 |  |  |  |
|   |                     |   | office Address 50 Manz Pl.                        |   | 08/17/0                                   | 9 01023 009<br>CR2E081 (12/08)   | £35.00   |  |
| Suite, Apt. #, etc \$ #310 .  |                     | Suite, Apt. #. etc.<br>#310   |   | 4. Date Incorporated or Qualified To Do Business in Florida 5/13/1991 |   |  |  |  |
| City & State. Sarasota, FL.   |                     | City & State Sarasota, FL.  |   | <b>5.</b> FEI Number 90-0515433 Applied For Not Applicable            |   |  |  |  |
| Zip Country 34232-2688  | Sarasota            | 34232-2688  | Count   | Sarasota  | 6.<br>CERTIFICATE                         | OF STATUS DESIRED (\$8.75)   | Additional Fee required<br>Certificate of Status |  |
| 7. Nam  | e and Address of    | Current Registered Agen   | t   |   |   |  |  |  |
| M. M. Malcolm, (DECEASED)  Street Address (P.O. Box Number is Not Acceptable).  1901 3 <sup>rd</sup> Avenue East  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 fee be waived. |  |  |
| City Bradenton, FL.   |                     |   | State<br>FL                                       | Zip Code<br>34208   | 200159548922<br>01/02/0301063012**236,25  |  |  |  |
| 8. I, being appointed the registered expent of the above named corporation, and amiliar with and accept the officiation of section 607.0505 fd. 17.0503/F.S.  Signature of Registered Agent  Registered Agent  Date  7-15-07  |                     |   |   |   |   |  |  |  |
| 9. Names and Street Addresses   | of Each Officer and | l/or Director (Florida nonpro   | fit corpo   | rations must list at le   | ast 3 directors)                          |  |  |  |
| Titles Name of Officers and/or Directors  |                     |   | Street Address of Each<br>Officer and/or Director |   |   | City / State / 2   | Zip  |  |
| P Ralph V. Steeb  |                     | 52  | 5250 Manz Pl. #310                                |   | )   | Sarasota, FL. 342  | 32-2688  |  |
| V/D Walter W  | V/D Walter Wittholz |   | 767 Edison Road                                   |   |   | Auburndale, FL.  | 33823-9369                                       |  |
| D Roger Gallant   |                     | 1   | 1755 Loralin Drive                                |   |   | Englewood, FL  | . 34223  |  |
| D LeRoy Ze  | LeRoy Zeedyk        |   | 3420 Sunset Beac                                  |   | ch Drive                                  | Drive South Venice, FL. 34293  |  |  |
|   |                     |   | REINSTATEMENT 7.002-2009                          |   |   |  |  |  |
| 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 filling 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 tisted on this form do not qualify for an exemption contained in Chapter 119, F.S. The Information indicated on this application is true and accurate, and my signature shared with same legal effect as if made under oath. |                     |   |   |   |   |  |  |  |
| SIGNATURE: PAAPH V. STEEB 9-15-09 EVE 388  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                     |   |   |   |   |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of section statement of change is submitted for   | or a corporation organiz                      | ed under the laws of the Sta   | te of Florida   |  |  |  |  |
|--|---|--|---|--|--|--|--|
|  |   | ed agent, or both, in the Stat   | e oj Fioriaa.   |  |  |  |  |
| <ol> <li>The name of the corporation: FI</li> <li>The principal office address: 52</li> </ol>  |   |  | <u> </u>  |  |  |  |  |
|  | arasota, FL. 34232-                           |  |   |  |  |  |  |
| 3. The mailing address (if different   |   |  |   |  |  |  |  |
| 4. Date of incorporation/qualificati   | on: 05/13/1991                                | Document number:   | N43400  |  |  |  |  |
| 5. The name and street address of the Florida Department of State: (If   |   |  | ile with the  |  |  |  |  |
| Deceased   |   |  |   |  |  |  |  |
| <del></del>  |   | ,  |   |  |  |  |  |
| 6. The name and street address of to (if changed):   | he new registered agent                       | (if changed) and /or register  | ed office   |  |  |  |  |
| Ralph V. Stee  | b   |  | <del></del>   |  |  |  |  |
| 5250 Manz F  | Pl. #310                                      |  |   |  |  |  |  |
| 0  | P.O. Box NOT acceptable                       |  |   |  |  |  |  |
| Sarasota, FL.  |   |  |   |  |  |  |  |
| The street address of its registered as changed will be identical.   | l office and the street a                     | ddress of the business offic   | e of its registered agent,  |  |  |  |  |
| Such change was authorized by reauthorized by the board, or the co   | solution duly adopted rooration has been noti | by its board of directors or fied in writing of the chang  | by an officer so  |  |  |  |  |
| Signature of an owner of directo   | tool  | Ralph V. Stee  | b, Director   |  |  |  |  |
| I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in the component of the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and the corporation has been notified in the corporation and t |   | agree to act in this capacit<br>les relative to the proper an<br>ation of my position as reg<br>registered office address, I | y.<br>d complete performance<br>istered agent. Or, if this<br>hereby confirm that the |  |  |  |  |
| Signature of Registered Age  | nt COST                                       | August 17  | , 2009  |  |  |  |  |
| If signing on behalf of an entity:   |   |  |   |  |  |  |  |
| Typed or Printed Name  |   |  |   |  |  |  |  |

\* \* \* FILING FEE: \$35.00 \* \* \*