PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE BIVISION OF CORPORATIONS
DOCUMENT # N 5056 1. Corporation Name		00 SEP 11 AH 7: 27
1. Corporation Name SOUTH FORMS CHAM NATIONAL ASSOCIATION	on at certific	
PRAND Extuners		99-00
2. Principal Office Address 7471 W. OAKIA-D Pt. Blud-	3. Mailing Office Address PO Biox 450400	REINSTATEMENT 99-00.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For-
ET lAudadale PC	Zip Country CA	6. SERVISION OF STATUS PROUPED S8.75 Additional Fee required
Zip Country USA USA	33345 1134	for a Certificate of Status
7. Name and Address of Current Registered Agent		
Walfer Derkman 30003404993-1-9 Street Address (P.O. Box Number is Not Acceptable),		
7471 W. Bakland Wash Blood		
Suite, Apt. #, Etc.		
City Pt 1 Autentals State Zip Code FL 333319		
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 Date 5/8/07/		
PÉGISTERED AGIZNT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	h City / State / Zip
VPD WalterD Brown	an 7471 Woohland PKI	Bludter PT CAULE duly P1333
1) Keith Faust	9744 NW 5 CT	cord sprays F133071
PD John Mc Name	era 508 vw 104av	1 Alubation F(33324)
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		A.D.
4		reg -
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 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 signeture shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		