PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 20 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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DOCUMENT # N94000001244

1. Corporation Name
CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

Principal Place of Business	Mailing Address
1903 S 25 ST FT PIERCE FL 34947	POB 2757 FT PIERCE FL 34954-2757

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/04/1994

5. FEI Number: 59-3231002 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~MOONEY, JOHN B JR~~ JANE E. ROWLEY	~~607 N. HOWARD ST. 4404~~ 1407 S.E. VILLAGE GREE DRIVE	~~ALEXANDRIA VA~~ PORT ST. LUCIE, FL 34952
~~D~~ M	ADGER, MORRIS	2300 VIRGINIA AVE	FT PIERCE FL
D	SMITH, VERNON	2211 OKEECHOBEE RD	FT PIERCE FL
D	~~SWART, JOHN S.~~ PAUL J. HEGENER	~~590 NW PEACOCK BLVD SUITE 3~~ 590 NW PEACOCK BLVD., STE. 3	~~PORT ST LUCIE FL~~ PORT ST. LUCIE, FL 34986
D	JACK CRAHAN	2000 SE PORT ST. LUCIE BLVD.	PORT ST. LUCIE, FL 34952
D	JAMES J. GIBBONS	1212 S. 13TH STREET	FORT PIERCE, FL 34950

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MINTON, MICHAEL D 1903 S 25 ST FT PIERCE FL 34947	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

11/21/96

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED — 11/15/96 — 561 462 1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)