PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 29 AM 8:00

600039693876
07/29/04--01042--022 **8.75

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07/29/04--01042--021 **358.75

REINSTATEMENT 02-04 MRD

DOCUMENT # N94000001244

1. Corporation Name
CENTRAL FLORIDA FOREIGN TRADE ZONE, INC (#218)

2. Principal Office Address		**3.** Mailing Office Address	
2300 Virginia Avenue		2300 Virginia Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fort Pierce, FL		City & State: Fort Pierce, FL	
Zip: 34982	Country: US	Zip: 34982	Country: US

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 ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Larry Daum, CFTZ - #218

Street Address (P.O. Box Number is Not Acceptable): 2300 Virginia Avenue

Suite, Apt. #, Etc.:

City: Fort Pierce | State: FL | Zip Code: 34982

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: Larry Daum Larry Daum (7/4/04) Date: 3/8/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
C	Paul J. Hegener	1740 SW St. Lucie West Blvd	Port St. Lucie, FL 34986
D	Vernon Smith	1600 S. US 1	Fort Pierce, FL
D	Rudy Howard	8495 S. U.S. 1	Port St. Lucie, FL 34952
D	Thomas Babcock	261 Marina Drive	Fort Pierce, FL 34949
D	Bill Wilcox	2530 Rainbow Drive	Fort Pierce, FL 34951

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: 3/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #