## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			<b>(</b> )	DEPART Secretary	of St				FILED 1914 AH CANTUT:	
DOCU		# N	940000	05459						HASSEE, F	LORIDA
	NFORD ORD, FL			RIAN CH	IURCH	l Ol	•		. <b>001</b> 329 15/0801042-		
· ·	Office Addre		P.O. Box# AVENUE &	_	Mailing Office Address D BOX 546			REINSTATEMENT 95-08 CR2E081 (12/07)			
Suite, Apt. #			Suite, Apt. #,				4. Data lacous	aratad as Ovellified			
	STREET				RISTINE ECKIS, CLERK				orated or Qualified ness in Florida 11/0	02/1994	
	ORD, FLC		BRANFO	BRANFORD, FLORIDA			5. FEI Number         Applied For           59-3012926         Not Applicable				
<sup>Zip</sup> 32008				32008		USA	•	6. CERTIFICATE OF STATUS DESIRED ✓ \$8.75		\$8.75 Additional	Fee required
			ne and Addres	of Current Regis	tered Agent						
Street Add		k Numbe	r is Not Accepta	ole)				circums	instatement fee is stances which the	entity did not	receive
	CA HOW	ELL DI	RIVE	<u> </u>			<u>.</u>	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt.	#, E1C.										tement
City BRANF	ORD				State Zip Code 32008			100 00			
8. I, being Signature of Registered	, KC	register	ed agent of the	REGISTERED AG	<u>u</u>		with and accept the ol	bligations of section	Date	, F.S. 14-0x	
9. Names	and Street A	ddresses	of Each Officer	and/or Director (Flo	orida nonprof	it corpo	orations must list at le	ast 3 directors)			
Titles		Office	Name of rs and/or Direct	ors			treet Address of Each officer and/or Director		City	/ State / Zip	
Р	DENNIS	HOW	ELL	1/18/14	227 SE	CAI	HOWELL DRIV	Έ	BRANFORD, FL	_ 32008	
VP	LEONAR	UGLASS	۲ '	6299 NW 50TH TERRACE				BELL, FL 32619			
Т	KAY CH	NE SUMME	RLIN	7333 240TH STREET				O'BRIEN, FL 32071			
S	KRISTIN	IE ECI	KIS		385 NE	GOI	LD DUST ROA	D	BRANFORD, FL	32008	
D	JANET K	KELLE	Υ		222 SE	CA	HOWELL DRIV	Έ	BRANFORD, FL	_ 32008	
D	KATHY	MEAD	E		4357 284TH TERRACE			BRANFORD, FL 32008			
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 contained in Chapter 119, 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.											
SIGNA	TURE: V	GNATURI	E AND TYPED OR	MOCCEL PRINTED NAME OF	SIGHING OFF	ICER O	DENNIS HO	OWELL	)-/4-0X	386 930 Daytime Phone # 3	5- 3313

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

TERS	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Linda Evans	3349 NW 110th Street	Bell, FL 32619
D	Layne Schultetus	7333 240th Street	O'Brien, FL 32071
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