PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State 97 JAN -8 AM 9:58 REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #** 5*00*00002131 SECRETARY OF STATE TALLAHASSEE, FLORIDA If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE New Principal Office Address, If Applicable 5349 Commander D 3. New Mailing Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10 Applied For City & State Not Applicable <sup>2</sup>32822 \$8.75 Additional Fee required 3<del>3</del>822 for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors Title(s) City / State / Zip 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent KeidAish and GASperoni At 505 We KIVA Springs Road Longwood Florida 32779 10. I, being appointed the registered agent of the above ramed corporation am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application all 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 native satisfies the confidence of the corporation have been paid. The information indicated on this application is fees owed by the corporation have been paid. The information indicated on this under oath. SIGNATURE: ~ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR