

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 15 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N95000004327

**1. Corporation Name**

**2. Principal Office Address**

305 S. Edgemon Ave.

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32708

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 195818

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32719-5818

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/7/95

**5. FEI Number**

59-3427207

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

Terri Lynn Bass

Street Address (P.O. Box Number is Not Acceptable)

607 E. Oakhurst Street

Suite, Apt. #, Etc.

Altamonte Springs

City

Altamonte Springs

State

FL

Zip Code

32701

**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

*Terri Lynn Bass*

REGISTERED AGENT MUST SIGN

Date

08/01/03

**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
P/D	John Edward Cain	305 S. Edgemon Ave.	Winter Springs, FL 32708
V/D	Becky Sue Cain	305 S. Edgemon Ave	Winter Springs, FL 32708
T/D	Gerald Taber	2420 24th Lane	Lake Worth, FL 33463
S/D	Geneva Farina	609 E. Oakhurst Street	Altamonte Springs, FL 32701
D	Ellen L. Anderson	1040 Greenwood Blvd.	Lake Mary, FL 32746

**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:**

*John Edward Cain*

John Edward Cain

Date

8/11/03

Daytime Phone #

407-321-2331

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