PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 cdr

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002837

1. Corporation Name
FLORIDA 21, INC.

800058848802
08/22/05--01059--024 **188.75

03-05 Rev

2. Principal Office Address	3. Mailing Office Address
3603 DONEGAL DRIVE	P.O. BOX 13634
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32309 Country: US	Zip: 32317 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3617099 ☐ 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: JOHN REYNOLDS

Street Address (P.O. Box Number is Not Acceptable): 3603 DONEGAL DRIVE

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32309

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: John Reynolds Date: 8-11-05
REGISTERED AGENT MUST SIGN

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
PTD	JOHN REYNOLDS	3603 DONEGAL DRIVE	TALLAHASSEE, FL 32309
VD	TERESA M. HERON	2712 CHARLESTON COURT	TALLAHASSEE, FL 32308
SD	DAN REYNOLDS	6870 BRITTANY PLACE	BIRMINGHAM, AL 35126

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 Reynolds 8-11-05 850-294-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2nd

8-11-05 N99 000002837

THIS HEREBY CERTIFIES THAT FLORIDA 21, INC.

DID NOT RECEIVE A FORMAL NOTICE OF DISSOLUTION.
NOR THE 2003 AR's.
THE ORGANIZATION BECAME INACTIVE FOR 2004

DUE TO A CHANGE IN FOCUS AND IS NOW

BECOMING ACTIVE AGAIN AS A PUBLISHER.

JOHN REYNOLDS