

The Seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a river. The shield is surrounded by a wreath. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

2135 ARIELLE DR. #2410
NAPLES FL 34109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable
1185 8th STREET S.
Suite, Apt. #, etc.

City & State NAPLES FL

Zip 34102	Country USA Coccoler
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01/12/2000

59-362537-3

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WOODRING, MICHAEL S	2105 ARIELLE DR. #2410 4945 WESTCHESTER CT # 4404	NAPLES FL 34109 34105
			300004676993--8
			-11/13/01--01078--001
			****750.00 ****750.00
		RESTATEMENT 01	18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name FOSTN ACCOUNTING PA
Street Address (P.O. Box Number is Not Acceptable)
1185 8th STREET S.
Suite, Apt. #, Etc.
City NAPLES State FL Zip Code 34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-22-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #