## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P00000   2 844  1. corporation Name  Waugh Group, Inc.  2. purposed Other Advises.  Suite, April 8, sec.  Chy & States  To De Business in Product 102/102/2000  Attlantic Beach, FL  3. Maining Office Address  Suite, April 8, sec.  Suite, April 8, sec.  Chy & States  To De Business in Product 102/202/2000  Christopher R. Waugh  Third Third Suite Address of Current Registered Agent  Christopher R. Waugh  Suite, April 8, Bic.  All John papersoned upon address of Current Registered Agent  Christopher R. Waugh  Suite, April 8, Bic.  All John papersoned upon address of the development of the State 102/202/2000  Suite, April 8, Bic.  All John papersoned upon address of the development of the State 102/202/2000  Suite, April 8, Bic.  All John papersoned upon address of the development of the State 102/202/2000  Suite, April 8, Bic.  All Lantic Beach  Suite, April 8, Bic.  Suite, April 8, Bic.  All Lantic Beach  Christopher R. Waugh  1710 Beach Ave.  All Lantic Beach, FL 32233  100, Londy that I am an officer or director or the moneyment of successful the suite suited for in chapter 607 or 617, E.S. I harder cordy that when filling the moneyment of successful the supplication as provided for in chapter 607 or 617, E.S. I harder cordy that when filling the moneyment of successful the supplication in the arch discussion in the sure of successful the sure supplies and control or chapter 607 or 617, E.S. I harder cordy that when filling the moneyment of successful the sure sure surface for moneyment or chapter or the surface for surface and chapter or chapter or chap	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations							FILED SECRETARY OF STATE DIVISION OF COMPORATIONS  06 MAY 11 AM 8: 29				
Waugh Group, Inc.  2. principal Office Address 2. T10 Beach Ave.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  4. Date incorporated or Qualify 2/02/2000  To De Business in Principal 2/02/02/2000  To De	DOCUMENT # P000000 1 2 844											
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & City & City  City & State  City & City & City & City  City & State  City & City	2. Principal Office Address 1710 Beach Ave. 3. Mailing Office Address Same											
Applied For Not Applied For Solution  7. Name and Address of Current Registered Agent  Certificate of Status Desired  7. Name and Address of Current Registered Agent  Certificate of Status Desired  7. Name and Address of Current Registered Agent  Certificate of Status Desired  7. Name and Address of Current Registered Agent  Certificate of Status  7. Name and Address of Current Registered Agent  Certificate of Status  7. Name and Address of Current Registered Agent  Certificate of Status  State  7. Name and Status  7. Name of Status  8. Libering appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Christopher R. Waugh  17. Name of Certificate of Status  State  State	Suite, Apt. #, etc. Suite, Apt. #				etc.							
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Enhristopher R. Waugh  Suite, Apt. #, Etc.  Atlantic Beach  Suite, Apt. #, Etc.  Atlantic Beach  Suite, Apt. #, Etc.  Signature of Registered spent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent  PREGISTERED AGENT MUST SIGN  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 (Plorida nonprofit corporations must list at least 3 directors)  PST Christopher R. Waugh  1710 Beach Ave.  Atlantic Beach, FL 32233  10. Lordly 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 over 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, and have the same legal effects as I measurements of section 607.0401 or 617.0401, F.S., that all fees over 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, and have the same legal effect as I medical under calc.	<sup>2</sup> 3223	32233 ÜSA		Zip	Zip		:	6.	6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisme Phone #												