PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations | | | | | FILED 03 NOV 24 PM 2: 47 | | |
|--|--|------------------|---|------------------|--|--|--|
| DOCUMENT # P000000 23633 Corporation Name F.B.C. ALLIANCE CO. | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| 2. Principa | F. D.C. ALL | | , | | | . | |
| 2258 Suite, Apt. # | 3 ADSEWOOD CO | URT 225 | 2258 RIDGELWOOD COURT Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified 0 (0.0 (0.006) | | |
| City & State | L PALM BEACH, I | FL. City & State | COUPE State PALM BEACH, A | | To Do Business in Florida | | |
| 334 | Country U.S | 334 | 11 Country US | 6. CERTIFICAT | E OF STATUS DESIRED \$8.75 Add for a Ce. | litional Fee required rtificate of Status | |
| Name MERCIE DELEON - BRUMFIELD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Not Acceptable) Street Address (P.O. Box Nu | | | | | | | |
| Signature of Registered Agen REGISTERED AGENT MUST SIGN | | | | | Date //·5· | CR2E081 (10/02 | |
| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease the Name of Street Address of Each Officer and | | | | | | | |
| PV | Officers and/or Directors MERCIE DELEON-BRUMFIELD | | Officer and/or Director | | City/State/Zip | AH.FI3411 | |
| VP | MERCY DELEON | | 2258 RIDGEWOOD COVRT | | ROYAL PALM BE | A.H. FL B3YI) | |
| 5D | DONALD BRUMFIELD | | 3258 RIDGENDON CONST | | ROYAL PALM BE | | |
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| 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date | | | | | | | |