

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 SEP 19 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800136147578

09/19/08 01035--005 **600.00

CR2E081 (12/07)

5/5/00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

31-1787230

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 Charles W. Lauramore

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

7132 CR 23 C

Suite, Apt. #, Etc.

City Glen St. Mary

State
FL

Zip Code
32040

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Charles W. Lauramore

REGISTERED AGENT MUST SIGN

Date 9/17/08

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	Lauramore, Charles	7132 CR 23 C	Glen St. Mary FL 32040
VPST	Mulligan, Julie	5765 CR 23 D	Glen St. Mary FL 32040

REINSTATEMENT

05-08

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 contained in Chapter 119, 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:

Julie Mulligan Julie Mulligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/08

Date

(904) 259-

3865

Daytime Phone #