PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT Secretary of State DINSION OF CORPORATIONS DOCUMENT # 1. Corporation Name ### PAINT P | | | | |
|--|---|--------------------|---|--|
| POLOGO 14 U 23 2. Principal Office Address - No Po. Boxy W. 63 SW. 33 W. Suite, Apt 8 v. City & State City & State City & State 7. Name and Address of Current Registered Agent Name PLIC SW. 32 SW. Suite, Apt 8 v. Etc. City & State 7. Name and Address of Current Registered Agent Name PLIC SW. 32 SW. Suite, Apt 8 v. Etc. City & State Name PLIC SW. 32 SW. Suite, Apt 8 v. Etc. City & State Name and Address of Current Registered Agent Name PLIC SW. 32 SW. Suite, Apt 8 v. Etc. City & State Name and Address of Current Registered Agent Name PLIC SW. 32 SW. Suite, Apt 8 v. Etc. City W. State Name and Address of Current Registered Agent Name and City of Sw. | | Secretary of State | 10 APR -8 AM 9: 24 | |
| 2. Principal Office Address - No P. O. Boyy 3. Mailing Office Address D4/08/10-01043-020 **#600.00 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Justified J/8 / Justified J/8 | 1. Corporation Name & J. H. GACH! | | | |
| City & State WI WIN TO Cry & State Country A District processor of Provides and Provided To Do Business in Florida S. FEI Number S. FEI Number Applied For Applied For | P01000014673 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1463 5613374 SAMC- | | 100175002561 04/08/1001043020 **600.00 | |
| 7. Name and Address of Current Registered Agent Name Pico State State FL 3376 Surfaces (P.O. Box. Number is Not. coaglably) Sulfa, Apt. #, Etc. State FL 3376 Supported the registered address of Each Officer and/or Director (Fordida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director To be used for future sentual export and fill catholic To be used for future sentual export and for certify that when filling this reinstatatement file pages for or 617, F.S. I further certify that when filling this reinstatatement agreement and or composition, the reason for director or thus resolved to the capture for or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or thus reen supported for in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or thus reen supported in the sprivation is a provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or thus reen supported in the sprivation is a provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or thus reinstatatement application in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or the receiver or trustee empowered to execute this application is a provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the reason for director or the receiver or trustee empowered to execute this application is a provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatatement application, the caponation indicated on this application is the user and accurate and are or and or | City & State MIAMI FL | City & State | To Do Business in Florida 5. FEI Number 6. S 1075 049 Applied For Avor Applicable 6. CENTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required | |
| 8. I, being appointed the registered again of the above named disposation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Mame of Officers and/or Directors Officer and/or Director (Titles and Indiana) 10. E-mail Address: PSHF 6-XXV CYA-IVO CYA-IV | Name Epico GACIA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | 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 | |
| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip ### Price A Gracie 11463 Care 33 Ph ### Price A Gracie 11463 Care 33 Ph #### Price A Gracie 11463 Care 33 Ph ################################### | 8. I, being appointed the registered egen of the above named expression, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent | | | |
| 10. E-mail Address: PSHF & WP. CyAhro. Com- (To be used for future annual report notification) 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 filling 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 further certify, when information indicated on this application is true and accurate, and my signature shall have the same legal effect as if | Name of Street Address of Each | | | |
| (To be used for future annual report notification) 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 filling 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 further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if | Officers and/or Directors | | | |
| (To be used for future annual report notification) 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 filling 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 further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if | | | | |
| (To be used for future annual report notification) 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 filling 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 further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if | | | | |
| 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 filling 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 further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if | (To be used for future annual report notification) | | | |
| SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | |