## PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO 10000 18 18 2  1. Copposition Name  TAYNE SAMPERS, INC  2. Principal Office Address 1097 Roble Way 1097 Roble Wa	CORPORATION REINSTATEMEN	(200 Et 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FLORIDA DEPART Secretary DIVISION OF CO	of State		FILED 05 JAN - 4 PM 12	2: 46	
2. Principal Office Address 1097 Robus Way 1097 Robus Way 1097 Robus Way 1097 Robus Way 209 Country 20	•					SECRETARY OF STALL AHASSEE, FL	IATE GRIDA	
Suite, Apt. #, citc.  City & State PArm Beach (ARDews Country Description of Country Description of State Country Description Officer and/or Director Description of State Country Description of State Country Description of State Country Description Descri	JAYNE	SAND	ERS, INC		1			
Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  4. Date Incorporated or Quadified To 00 Business in Florida To 0	l	· WAY			EINCT	ATEMENT		
City & State PALM BEACK GARDENS City & State PALM BEACK GARDENS Country Countr								
29 333413 Country USA 33413 Country USA 6 CERTIFICATE OF STATUS DESRED   7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name Seet Address (P.O. Bo Number is Not Acceptable) 1 0 9 Registered Agent   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   9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Titles  Officers and/or Directors  Officer and/or Directors  1. Deing appointed the registered Agent   8. I. being appointed the registered Agent   9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. I. being appointed the registered Agent   9. Names and Street Addresses of Each Officer and/or Director   9. Names and Street Addresses of Each Officer and/or Directors  Officer and/or Di	City & State PALM BEACH	GARDENS			To Do Business in Florida 2 116 01  5. FEI Number Applied For			
Street Address (P.O. Box Number is Not Acceptable)  1 0 9 Rog LE WAY  Strine, Apt. #. Etc.  City  PALM BEACH GARDENS  8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Pegistered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Dire			Zip Country		6. CERTIFICATE OF STATUE DESIRED ( ) \$8.75 Additional Fee required			
Street Address (P.O. Box Number is Not Acceptable)  1 0 9 7			7. Name and A	ddress of Current Register	red Agent			
Registered Agent  Registered Address of Each Officer of Each Officer of City / State / Sta	Street Address (P.O. Box Number is Not Acceptable)  1 0 9 7 ROBLE WAY  Suite, Apt. #, Etc.  City PALM BEACH GARDENS  State Zip Code FL 33 410							
Name of Officers and/or Directors  Street Address of Each Officer and/or Director  P.T. Jayne Sanders 1997 Roble Way Palm Beach Goods FL 33 410  301043956529  01/04/0501045001 ***12000,000  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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form only 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.	Registered Agent Varya Jane					Date 12 /2 9 / 0 -/		
Officer and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  Palm Beach Gordes  FL 33 410  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 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 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.	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
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SIGNATURE: JAYNE SANOERS 12/29/04 561-656-2366 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Destine Phone #	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							