2005 FOR PROFIT CORPORATION REINSTATEMENT

| KEINSTATEMENT | | | | | | | | | |
|--|---------------------------------------|----------------------------|--|--------------------|--|----------------------------------|---|---|---------------------|
| DOCU 1. Entity Nan ACHIEVE | ne | P0100001868 | | OS NOV 10 PM 1: 12 | | | | | |
| Principal Plac | ce of Business | | | 1 | 41776 | PH | 1 | | |
| | | | Mailing Address | | | | ~ A//A | 247) | /:/2 |
| 1822 PINEVIEW CIRCLE Winter Park, Fl. 32792 | | | 1822 PINEVIEW CIRCLE Winter Park, Fl. 32792 | | | ASSER SIL | | | |
| WINTER FARA, IL 32/32 WINTER FARA, IL 32/32 | | | | | | | | ~ ```, F\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | Tr. |
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| Principal Place of Business 3. Mailing Address | | | | | | -{ | | | |
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| Suite, Apt. | . #. etc. | | Suite, Apt. #, etc. | | | -{ | | | |
| , | | | | | | 11032005 | REIN-P | CR2E098 (6/ | 04) |
| City & Stat | te | | City & State | | | 4. FEI Numbe | er | | Applied For |
| 7 | | | | | | 59-370 | | | Not Applicable |
| Zip | Zip Country | | Zip Coun | | ntry | , | | _ \$8.75 | Additional |
| | 2.p | | ' | | • | 5. Certificate of Status Desired | | Fee Rec | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | · | | Name | | | g | |
| COX, LINE | DA | | | | | | | | |
| | EVIEW-CIRCL | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| WINTER F | PARK, FL 327 | '92 | | | | • | | | |
| | | | | | | | | | |
| | | | | | City | | | FL Zip | Code |
| | | | | | | | | . — | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| ine obliga | inoris or registered | agent. | - 4 - | L | | | | 11011 | احسا |
| SIGNATURE Unda COX President 11/07/03 | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | | | | | | | | | |
| FII | LE NOW!!! FEE | IS \$150.00 | | | | | In accordance wi | ith s. 607.193(2) | (b), F.S., the |
| After Jai | nuary 1, 2006, I | Fee will be \$300.00 | | | | | corporation did n | ot receive the pr | ior notice. |
| 10. | | OFFICERS AND DIRE | CTORS | | | ACCUTIONS | OLIANOSO TO OFFIC | 2500 4440 04850 | |
| | P | OFFICENS AND DIRE | Delete | 11. TITU | - · · · · · · · · · · · · · · · · · · · | ADDITIONS/ | CHANGES TO OFFIC | | |
| TITLE NAME | COX, LINDA | | I | | • | ☐ Char | ige 🔲 Addition | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | CITY-ST-ZIP WINTER PARK, FL 32792 | | | | | | | | , |
| | William | 14,16 02/02 | | - | | | | | |
| TITLE | | • | ☐ Delete | III | l l | | | Char | ige 🔲 Addition |
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| CITY-ST-ZIP | s . | | | | EET ADDRESS | 1171 | 100061341741 11/10/0501034023 **400.00 | | |
| | | | | CITY | - ST+ZIP | 1171 | 0/00 01004 | 920 *** | 700.00 |
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| CITY-ST-ZIP | | | | CHY | -ST-ZIP | | <u> </u> | |) |
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| NAME | - | | | NAM | E | K GG | gber | 198 | } |
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| CITY-ST-ZIP | | | | СПУ | -ST-ZIP | | MAN | / 1 4 2005. | |
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| 12. I hereby | certify that the info | rmation supplied with this | filing does not qualify t | for the exe | mption stated in S | ection 119 07/3V |). Florida Statutes 1.1 | inther certify that * | he information |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director | | | | | | | | | |
| of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |
| U , N. | | | | | | | | | |
| SIGNATURE: 11/4/05 4073405157 | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED PANE OF SIGNING OFFICER OR DIRECTOR Date Dayling Priorie 4 | | | | | | | | | |