

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 14 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2004 - 116
4-14-05

400050800034
04/14/05--01020--004 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida 04/30/01

5. FEI Number
573716636

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

Bill Robinson

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

301 E. Pine Street, Suite 1400

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32801

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

Wm R. Robinson

Date

3/25/2005

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Timothy D. Knoll	1930 Village Center Cir #3-137	Las Vegas, NV 89134

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:

Timothy D. Knoll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/05

Daytime Phone #

CP2E081 (01/04)