PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 21 PM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043963

1. Corporation Name
Astra Orizon, Inc.

W04 – 14025

2. Principal Office Address	3. Mailing Office Address
650 Island Way,	411 Cleveland Street
Suite, Apt. #, etc.: #606	Suite, Apt. #, etc.: #135
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33755 Country: USA	Zip: 33755 Country: USA

100032275562
04/05/04--01056--014 **458.75

4. Date Incorporated or Qualified To Do Business in Florida: December 5, 2001

5. FEI Number: 65-1136704 ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Jaye Sikes

Street Address (P.O. Box Number is Not Acceptable): 650 Island Way

Suite, Apt. #, Etc.: #606

City: Clearwater | State: FL | Zip Code: 33755

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 _____ Date April 6, 2004
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
PRESIDENT/ DIRECTOR	Jaye D. Sikes	650 Island Way, #606	Clearwater, FL 33755

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: _____ Jaye D. Sikes April 6, 2004 323-702-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #