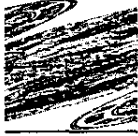


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 19 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044253

1. Corporation Name

ALLIANCE PROCESSING RESOURCE, INC.

2. Principal Office Address

141 EAST PARK DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

141 EAST PARK DRIVE

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/02/01

5. FEI Number

NONE

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

CARLA DELOACH BRYANT

200020976972

06/18/03--01059--003 **1058 .75

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

1201 SOUTH ORLANDO AVENUE

Suite, Apt. #, Etc.

SUITE 350

City

WINTER PARK

State

FL

Zip Code

32789

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

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
P	CASEY DELOACH	1342 CAMPBELL STREET	ORLANDO, FL 32806
V	THOMAS POULIOT	141 EASTPARK DRIVE	CELEBRATION, FL 32747
S	DAVID DELOACH	1342 CAMPBELL STREET	ORLANDO, FL 32806

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/02)

7/6/20