PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secreta	RTMENT OF STA ary of State corporations	Đi	FILED SECRETARY OF STAFE VISION OF CORPORATIONS 18 JAN 11 AM 10: 33		
DOCUMENT # PO/O	2004	6870	')		
QWEST SYST	EMS;	FMC,	3/1	3/08) 0/044 012	813	
245 N OCEAN BUD	3. Mailing Office Add	OFAH BL	DP 01/0	3/08 0/0440)0 CR2E081 (12/07)	100	
#201		201		porated or Qualified iness in Florida	Q	
DERTIED BHFL	City & State	EQ BH ?	5. FEI Numb	0.71.70	_	
33441 Country USA	33441	Country	CERTIFICAT	E OF STATUS DESIRED \$8.75 Additional Fee requirements of State		
7. Name and Address of C	urrent Registered Ag	gent			7	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City HALLANDE State State FL 336			circum the pr are co receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent Date 01/11/88						
9. Names and Street Addresses of Each Officer and/o	r Director (Florida non	profit corporations must li	st at least 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Officer and/or D		City / State / Zip		
P.S.T Allen J. FON	KIN 64	(1 SW 12	COURT	HULLANDAKE F1.33	708	
		BIL	5]08 oi.	00114809949	<u> </u>	
REINSTA	TEMENT	7) '01	3	9001145U5555 71170801035007 **8.	79	
			-	7117110-01444 -		
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 contained in Chapter 119, 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-HAME OF SIGNING OFFICER OR DIRECTOR Date Date Date						