PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State vision of corporations		ARLESS 14 OCT -3 AM 9: 12 SECRETARY OF STATE BALLAMATSEE COMBA
SUNSTATE HARD 2. Principal Office Address - No P.O. Box # 3. Mailing 8090 CLERY BIVD 8046 Suite, Apt. #, etc. APT # 903 APT City & State PLANTINT VIA RISE SUNSTATE HARD City & State PLANTINT VIA	W14-45688 Office Address (etc. 904	4. Date Incorp	- Implied to
7. Name and Address of Current Registered Agent Name SEAN KERSHAW		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) 8090 CLEARY BIVI) Suite, Apt. #, Etc. APT # 904 City PIANTATION State FL 353:324		900263207149 10/03/1401017003 **158.75 900263207149 08/12/1401022011 **750.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig Signature of Registered Agent REGISTERED AGENT MUST SIGN			on 607.0505 or 617.0503, F.S. Date 8/7//4
Names and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at lea	st 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
PRES SEAN KERSHAW	8090 CLEARY	PIVI	PHANTATION FI 32324
T SEAN KEDSHA. N	SAME	ŕ	SAMIS
S SEAN KEIZSHAW	SAME		SAMF
	0	CT 0 3 2014	
REINSTATEMEN	1 F	R. HUNT	
10. E-mail Address: STKE2SHAW 10 9 MAIL COM (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			