PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 JAN 31 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JAN 31 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOCUMENT # P01000076141

1. Corporation Name: 531 Cobalt, Inc.

REINSTATEMENT 92-05

2. Principal Office Address	3. Mailing Office Address
531 Cobalt Road	109 Spring Rise
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Engham
City & State: Englewood, FL	City & State: Surrey ENGLAND
Zip: 34223 Country: USA	Zip: TW20 9PE Country: England

4. Date Incorporated or Qualified To Do Business In Florida: 08/02/01

5. FEI Number: X 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: Robert A. Dickinson

Street Address (P.O. Box Number is Not Acceptable): 460 S. Indiana Ave.

Suite, Apt. #, Etc.:

City: Englewood, FL 34223 State: FL Zip Code: 34223

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: 1/28/05

REGISTERED AGENT MUST SIGN

CR2E081 (10/05)

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	Mark Stangroom, President	531 Cobalt Road	Englewood, FL 34223
S/T	Kaye Stangroom, Secretary/ Treasurer	531 Cobalt Road	Englewood, FL 34223
		000046289850	
		-02/10/05--01006--003 **1200.00	

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: X _____ President Mark Stangroom 011 44 1784 741372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #