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2. Propart office Address - No P.C. Box # Y321 Treation Dr North Y321 Treation Dr North Y321 Treation Dr North Suite Address Y322 Treation Dr North Y321 Treation Dr North Suite Address Y32 Dr County Suite Address Y20 County Suite Address Y20 County Suite Address Y20 County Suite Address Y20 Dr County Suite Address The reinstatement fee is imposed, except in creative of status Suite Address Y20 Dr County Suite Address Y20 Dr County Suite Address Suite Address Y20 Dr County Suite Address Suite Address Suite Address Y20 Dr County Suite Address Suite Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
City & State City	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 432-7 Trenton Dr. North 4327 Trenton Dr North	04/02/0901037010 **1050.00 CR2E081 (12/08)
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7. Name and Address of Current Registered Agent Name Name Wallker Yonne C Stoot Address (P 0, Boy Number is Not Acceptible) 17771 West-Edgewood Avenue Stoot Address (P 0, Boy Number is Not Acceptible) 17771 West-Edgewood Avenue Stoot Address (P 0, Boy Number is Not Acceptible) 17771 West-Edgewood Avenue Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) Stoot Address (P 0, Boy Number is Not Acceptible) B. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0503 or 617.0503 F.S. Signature of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Director City / State / Zip Street Addresses of Each Officer and/or Director Street Addresses of Each Office	Dacksonville Havida Jacksonville Florida Zip Country Zip Country	5. FEI Number Applied For 753026391 Not Applicable 6. CEDITIERALE OF STATUS DESIRED \$8.75 Additional Fee required
Name Walker Vonne C Street Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) Suite, ADL #. Etc. # 4 Image: Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) Suite, ADL #. Etc. # 4 Image: Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) Suite, ADL #. Etc. # 4 Image: Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) Suite, ADL #. Etc. # 4 Image: Address (P 0. Box Numpor is bet Accentrable) Image: Address (P 0. Box Numpor is bet Accentrable) City JackKsonville State Zip Code FL 322.08 8. 1, being appointed the registered agent of the above nume docroporation, an familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Signature of Registered Agent Date Jack/J0/9 9. Numes and Street Addressed Each Officer and/or Director Officer and/or Directors Officer and/or Director City / Sinte / Zip Street Address of Each Officer and/or Directors Street Address of Each City / Sinte / Zip Street Addressed Each Officer and/or Director H		
Signature of Registered Agent //m.e. /m.e. /m.	Name Walker Vonne C Street Address (P.O. Box Number is Not Acceptable) 1771 West Edgewood Avenue Suite, Apt. #. Etc. #4	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
Titles Name of Officers and/or Directors Straet Address of Each Officer and/or Director City / State / Zip S Williams, Maria 6843 Corday Rd Jax / Fla/322.08 D Antbine Decirson 4327 Trenton Sr Trenton Sr Jax / Fla/322.08 D Antbine Decirson 4327 Trenton Sr Jax / Fla/322.09 REINSTATE MENT Decirson Notice random receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further farily that whon filing this reinstatement application, the reasin for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617.0401. F.S. That all fees overed by the corporation have been paid and the names of individuals listed on this torm do not qualify for an exemption contained in Chapter 119. F.S. The information indicated on this application is true and accurate, and my elegature shall have the same legal effect as if made under oath.	Signature of Registered Agent Date 3/30/09	
Officer and/or Directors Officer and/or Director City / State / Elp S Williams, Maria 6843 Corday Rd Jax / Fla/32208 D Antoine Pearson 4327 Trenton Sr N Jax / Fla/32209 REINSTATE MENT 07 07 07 07 07 07 07 07 07 07 07 07 07 0	9. Names and Stree Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.