

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 10 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

300025384808
12/10/03--01022--003 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/2001

5. FEI Number 65-1133898
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 Stephen J. Bogaert

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

1413 Caribbean Dr.

Suite, Apt. #, Etc.

City Lake Clark Shores

State
FL

Zip Code
33406

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/2/03

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	BOGAERT,STEPHEN J	1413 CARIBBEAN DR.	LAKE CLARK SHORES FL 33406

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Bogaert

Date

12/2/03

Daytime Phone #

(561) 842-9104