

**CORPORATION
REINSTATEMENT**

1. Corporation Name

FILED
04 OCT -7 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Celebration, FL

5. FEI Number

36-4484164

<input type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

Zip	Country
34747	USA

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Name

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

Suite, Apt. #, Etc.

State FL	Zip Code 32801
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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.

Date 10.6.04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

CONFIDENTIAL 02-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Britzius

October 6, 2004

(407) 383-0526

Date _____

Daytime Phone #