## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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City & State    DAYTONA DEACH, F  DAYTONA DEACH   T. Name and Address of Current Registered Agent   Name and Address of Current Registered Agent   State Address of Current Registered Agent   Sta	403 Brentwood DR 422 BRENTWOOD DR			710	
29 CERTIFICATE OF STATUS DESIRED  1. Name and Address of Current Registered Agent  29 CERTIFICATE OF STATUS DESIRED  1. Name and Address of Current Registered Agent  29 CERTIFICATE OF STATUS DESIRED  1. Name and State Address of P.O. Box Number in Not Acceptable)  29 CERTIFICATE OF STATUS DESIRED  29 CERTIFICATE OF STATUS DESIRED  29 CERTIFICATE OF STATUS DESIRED  30		<u>_</u> .	Beach, Fl	To Do Bus	or Applied For
Street Address of Each Officer and/or Directors    Description   Descrip	32117 USA	1 -		6	F OF STATUS DESIRED. \$8.75 Additional Fee required
Signature of Registered Agent  Potter 3-7-2013  REGISTERED AGENT MUST SIGN  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  Name of Officers and/or Directors  P DONNIA SHOW Spears  422 BRENTWOOD DR  DAYTONA BEACH F1  32-117  S. HAWKES  MAR 2 9 2013  EXAMINER  10. E-mail Address: CI Spears Z G C F1 - C C orm  To be used for future annual report notification  11. Icertify 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. Hurther certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the enquirements of section 607,0401 or 617,0401, F.S., and that all fees oved by the corporation have been peid. I further certify, the information inclinated on this application is true and accurate, and my signature shall have the same legal effect as it made under only I sam, severe that fasts infragmation automatical in a document to the Department of State constitutes a third degree felory as provided for in a. 817, 155, F.S.	DONNA SNOW SPEARS Street Address (P.O. Box Number is Not Acceptable)  422 BRENTWOOD DR.  Suite, Apt. #, Etc.			0372	00246206145 8/1301027001 **1350.00
Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Directors  P DONNIA Show Spears 422 Brentwood Dr. Dayton a Beach F1 32.1/7  REINSTATEMENT S. HAWKES  MAR 2 9 2013  EXAMINER  10. E-mail Address: C Spears 2 Grff-rr. Com To be used for future annual report notification.  11. Icertify 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 ceinstatement application, the reason for dissolution has been eliminated, the corporate near 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 shelf have the same legal effect as if made under onth, I sm. ewere that felse infogrnation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817, 155, F.S.	Signature of Registered Agent REGISTERED AGENT MUST SIGN				_
REINSTATEMENT  S. HAWKES  MAR 2 9 7013  EXAMINER  10. E-mail Address: C SPEARS Z & CF1. rr. 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., Intriber 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.	Titles Name of	Vor Director (Florida non	Street Address of Each	ast 3 directors)	City / Stade / Zip
10. E-mail Address: C SPEATS Z @ Cf 1 · C r · C o m  (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 felse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617,155, F.S.	P DONNA SHOWSPO	ears 422	BRENTWOOD	DR	DAYTONA BEACH FI 32117
10. E-mail Address: C SOCATS Z @ Cf 1 · C C C C  (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 507 or 517, 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.617.155, F.S.		REIN	STATEM	ENT	S. HAWKES
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SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF					