PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip 34639 Country USA Zip 33556 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were noticed.	CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					FILED 07 OCT 17 PM 1: 17				
2. Principal Office Address - No P.O. Box # 3507 GOLDEN EAGLE DR 1111 ROLLING STONE RUN Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City										SECALIANA DE STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State LAND O LAKES FL ODESSA FL 2p 34639 USA 7. Name and Address of Current Replatered Agent NTERRY W. REYNOLDS Suite, Apt. #, Etc. Suite, Apt. #, Etc. The proposited for Cualified To Do Business in Florida 6. CERTIFICATE OF STATUS DESIRED 1827-105477272 Applied For Not Applied For Not Applied For Status Desired 7. Name and Address of Current Replatered Agent NTERRY W. REYNOLDS Sympt address TO Business of Current Replatered Agent NTERRY W. REYNOLDS State State FL 33556 State State ODESSA FL 33556 FL 33556 State ODESSA FL 33556 State ODESSA FL 33556 State ODESSA FL 33556 State ODESSA State ODESSA FL 34639 State ODESSA FL 3576 Date 10-16-2007 RECRISTERED AGENT MUST SIGN Date 10-16-2007 RECRI	REYNOLDS TECHNOLOGIES, INC.									900111243459 10/23/0701072008 **750.00			
City & State Ci										CR2E081 (1/07)			
AND O LAKES FL ODESSA FL 82-047722 Applied for Mot Applied 34639 Country 33556 USA 6. CERTIFICATE OF STATUS DESIRED S3.75. Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. It being appointed the registered agent of the Above nagod corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 7. Signature of Registered Agent 8. It being appointed the registered agent of the Above nagod corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 8. Names and Street Addresses of Each Officer and/or Director 9. Street Address of Each Officer				Suite, Apt. #, etc.				_	Date Incorporated or Qualified To Do Business in Florida 05/30/2002				
7. Name and Address of Current Registered Agent NERRY W. REYNOLDS Street Address PROBUNTING STONE RUN Suite, Apt. #, Etc. State ODESSA State FL 33556 State FL 33556 Signature of Registered Agent REGISTERED AGENT MUST SIGN PDS JERRY W. REYNOLDS 1111 ROLLING STONE RUN DESSA Titles DIFFREY W. REYNOLDS 1111 ROLLING STONE RUN DESSA FL 33556 D JEFFREY W. REYNOLDS JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN DOESSA FL 33556	LAND O LAKES FL				ODESSA FL					82-052	7272		Applied For Not Applicable
The reinstatement fee is imposed, except it circumstances which the entity did not receive the prior notices. By checking this box, your certifying the prior notices were not received and requesting the reinstatement fee be waived. State 33556 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 10-16-2007 9. Names and Street Addresses of Each Officer and/or Director Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip PDS JERRY W. REYNOLDS 1111 ROLLING STONE RUN ODESSA FL 33556 D JEFFREY W. REYNOLDS 3507 GOLDEN EAGLE DR LAND O LAKES FL 3463 10. Legrify 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 the prior notices were not are certified in the prior notices. By checking this box, your are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, your are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By checking this box, you are certified in the prior notices. By certified the prior notices. By cert	^z 3463	39	US	A	² 3355	6	US	ŠA .			OF STATUS DESIR		
Signature of Registered Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director DESSA FL 33556 D JEFFREY W. REYNOLDS 1111 ROLLING STONE RUN ODESSA FL 33556 D JEFFREY W. REYNOLDS 3507 GOLDEN EAGLE DR LAND O LAKES FL 3463	NAMERRY W. REYNOLDS Aret Addres ROLLING STONE RUN Suite, Apt. #, Etc.									The reinstatement fee is imposed, except in 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 fee be waived.			
PDS JERRY W. REYNOLDS 1111 ROLLING STONE RUN ODESSA FL 33556 D JEFFREY W. REYNOLDS 3507 GOLDEN EAGLE DR LAND O LAKES FL 3463	Signature of Registered Agent												
PDS JERRY W. REYNOLDS 1111 ROLLING STONE RUN ODESSA FL 33556 D JEFFREY W. REYNOLDS 3507 GOLDEN EAGLE DR LAND O LAKES FL 3463	9. Names	and Street A	ddresses		l/or Director (Flo	rida nonpro				st 3 directors)			
D JEFFREY W. REYNOLDS 3507 GOLDEN EAGLE DR LAND O LAKES FL 3463 RH 10.1 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 filling				rs and/or Directors		Officer and/or Director							
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 filling	PDS	JERF	Y W	V. REYN	OLDS	1111	ROL	LING ST	10	NE RUN	ODES	SA FL	33556
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 filling	D	JEFF	REY	W. REYN	IOLDS	3507	GO	LDEN E	AC	GLE DR	LAND O	LAKES	FL 34639
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				RH			<u>'</u>						
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicate on this application is true and accurate, and my organizer shall have the same legal effect as if made under oath. SIGNATURE: 10-16-2007 Daytime Phone #													