## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DVESION OF CORPORATIONS  DOCUMENT # P02000124573 1. Copposition Name Orlando Pedicab and Advertising, Inc.  114 Robinson St 100 S Ecia Dr 2. Principled Office Adverses 114 Robinson St 500 S Ecia Dr 2. Principled Office Adverses 114 Robinson St 500 S Ecia Dr 3. Making Office Adverses 114 Robinson St 500 S Ecia Dr 4. Clark Recognized of Customat To Deborah Lamsstrong  Deborah Lamsstrong 32801  To Remain and Address of Current Registered Agent  There of Transport of Customator of Transport of Transpo								_	•	*					
SECRETARY OF STATE TALL AHASSEE, FLORIDA  114 Robinson St 500 S Edia Dr  Sure, Agr. etc.  S	REINSTATEMENT Secretary of State													0.	
Solicitor Address of Scala Dr  2. Principal Office Address   Suite Address   Solicit   Suite Address   Solicit   Suite Address   Suite Address	1. Corporation Name													-	
Suite. Apt. #. etc.    Suite. Apt. #. etc.	***************************************														
Suite. Apt. #. etc.    Suite. Apt. #. etc.						~			REIN	ST	ATE	MEN		3-0	4
City & State Orlando, FL Orlando, FL Orlando, FL  Zip 32801  Country 32801  Country 32801  Country USA  Country Sirver Address of Current Registered Agent  Name Deborah L Armstrong Sirver Address (P.O. Box Number is Not Acceptable)  Souther Apt. #. Etc.  City Orlando  FL  State  Zip Country State Zip Country Zip	Suite. Apt. #. etc. Suite. A					t. #. etc.			4. Date Incor	porated or	Qualified				7
Superior					1 '				ļ			2/02	<del>    -</del>		-
Street Address (P.O. Box Number is Not Acceptable)		1		1 '		1 "			E OF STAT	JS DESIRED		dditional F	ee required	4	
Deborah L Armstrong  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #. Etc.  City Orlando  8. 1. being appointed the registered agest of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.  Signature of Registered Agent  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors)  Titles  Name of Officer and/or Director (Florida nonprolit corporations must list at least 3 directors)  P. Yochevet Jessica Armstrong  429 Ruth Ln #2  Orlando, FL 32801  V William W Daoust  1711 Maple Leaf Dr  Windermere, FL 34876  10.10 4 2 5 5 5 4 7 11/12/04 - 01056 - 007 *** *** **900, 00  10. Learthy 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 this reinstetsment application, the reason for dissolution has been eliminated, the corporation have been paid and the names of individuals listed on this form on on to qualify for an example reaction 118.07(3)0, 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 cath.  SIGNATURE:	,				7.	Name and A	ddress of Current R	egister	ed Agent						
S. 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  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Officer and/or Director  P. Yochevet Jessica Armstrong  429 Ruth Ln #2  Orlando, FL 32801  V. William W Daoust  1711 Maple Leaf Dr  Windermere, FL 34876  10. Leafly 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 over the corporation have been paid and the names of individuals listed on this form do not qualify for an examption 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 cesth.  SIGNATURE:		Deborah Street Addr 500 S E	ess (P.O ola Dr	. Box Number is h	Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprolit 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 Yochevet Jessica Armstrong 429 Ruth Ln #2 Orlando, FL 32801  S Deborah L Armstrong 500 S Eola Dr Orlando, FL 32801  V William W Daoust 1711 Maple Leaf Dr Windermere, FL 34876  17110742635547  11/12/04—01056—007 ***9900.00  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 807 or 617, F.S. I further certify that when filling 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)(0), 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 cath.  SIGNATURE:		City Orlando								I					
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S Deborah L Armstrong 500 S Eola Dr Orlando, FL 32801  V William W Daoust 1711 Maple Leaf Dr Windermere, FL 34876  1710 0 4 2 5 3 5 4 7 11/11/04 - 01056 - 007 ***300, 00  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 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 118.07(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:	Titles	Name of									С	ity / State / 2	Zip		1
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