PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country Zip Country		REINSTATEMENT Se						DEPARTMENT OF STATE ecretary of State			OB JAN 25 AM II: 06		
2. Principal Office Address - No P.O. Box. # 33. Mailing Office Address 906 SW Saint Lucie W. Blvd Suite, Apt. #, etc. #350 City & State Port Saint Lucie FL Zip											TALLAHASSEE, FLORIDA		
329 SW Maplewood Dr. 906 SW Saint Lucie W. Blvd Suite, Apt. #. etc. #350 4. Date incorporated or Qualified To Do Business in Plorida Applied Fig. Applied Fig	CKLC	C Enter	prise	es Inc						RE	INSTATEMENT		
Suite, Apt. #, etc. #350 City & State Suite, Apt. #, etc. #350 City & State Port Saint Lucie FL	2. Principa	al Office Addre	ss - No i	P.O. Box #		3. Mailing Of	ffice Address				())		
City & State Port Saint Lucie FL Port Saint	1329 SV	W Maplew	ood D	r.		906 SW S	W Saint Lucie W. Blvd				CR2E081 (12/07)		
City & State Port Saint Lucie FL Zip Applied For Sinst Lucie FL Zip Applied For Country Zip Applied For Country Zip Applied For Country Zip Applied For Country Zip Applied For Cerrificate of Status Desired 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. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Apent Titles Officer and/or Director Pers Larry C. Martin 1329 Sw Maplewood Dr. Port Saint Lucie, FL 34986 10. Learly that I am an officer or director or trease emprowered to execute its application. Specification is used in the registered on this application have been paid and the norms of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under ont). Am -2 Larry C. Martin Signure shall have the same legal effect as if made under ont). Am -2 Larry C. The minimization is true and course, and my signature shall have the same legal effect as if made under ont). Am -2 Larry C. Martin Signure shall have the same legal effect as if made under ont).	Suite, Apt. #	#, etc.				Suite, Apt. #,	, etc.						
Port Saint Lucie FL 2p Country 34986 7. Name and Address of Current Registered Agent Name Connie K. Preston Street Autress (P.O. Box Number is Not Acceptable) 906 Sw Saint Lucie W. Blvd Street Autress (P.O. Box Number is Not Acceptable) 907 Saint Lucie W. Blvd Street Autress (P.O. Box Number is Not Acceptable) 908 Sw Saint Lucie W. Blvd Street Autress (P.O. Box Number is Not Acceptable) 909 Sw Saint Lucie W. Blvd Suste, Apt. #, Elic. #3500 Clvy Port Saint Lucie 8. I, being appointed the registered agent of the above) named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Autresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors 1329 Sw Maplewood Dr. Port Saint Lucie, FL 34986 9. Port Saint Lucie, FL 34986 101/25/0801033019 **100.1 Learly that I am an officer or director or the receiver or muste empowered to execute this application as provided for in chapter 607 or 617, ES, 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 ressound by the corporation have been point and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accept the obligations as provided for in chapter 607 or 617,0401, F.S., that all ressound by the corporation have been point and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and acceptable and my signatures shall have the same legal effect as if made under oath.						#350)					ı	
Zip 34986 Country 34986 Countr						-				5. FEI Nun		ı	
34986 7. Name and Address of Current Registered Agent Connie K. Preston Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is		int Lucie								05-	OS69271 Not Applicable	ı	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this re owed on this	instatement a by the corpora s application is	pplication	n, the reaso e been paid	n for diss	solution has been names of individual signature shall ha	n eliminated duals listed d ave the sam	I, the co on this fi ie legal	rporate name satisfie orm do not qualify for effect as if made und	s the requirement on exemption	ents of section 607.0401 or 617.0401, F.S., that all fees contained in Chapter 119, F.S. The information indicated		