PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2008--2015

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

15 MAR 31 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000111554

1. Corporation Name

Alemarck Corporation

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
10032 Highland Woods Ct.	10032 Highland Woods Ct.
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32836 Country: US	Zip: 32836 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: May 03, 2005

5. FEI Number: 20-0295513 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. # Etc.

City: Plantation State: FL Zip Code: 33324

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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.

Signature of Registered Agent: Jennifer Vincent — Vice President & Assistant Secretary — Date: 3/31/15

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	Street Address of Each Officer and/or Director	City / State / Zip
President	Frederick J. Goodrum II	10032 Highland Woods Ct.	Orlando, FL, 32836
Secretary	Frederick J. Goodrum II	10032 Highland Woods Ct.	Orlando, FL, 32836
Treasurer	Frederick J. Goodrum II	10032 Highland Woods Ct.	Orlando, FL, 32836

E-mail Address: fgoodrum@cfl.rr.com

(To be used for future annual report notification)

I certify that I am an officer or director of 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 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.

SIGNATURE: Frederick J. Goodrum II — 03/31/2015 — 407 248-6516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #