PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	İ		13 DEC 30 PM 6: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing 27070 Mova Value Suite, Apt. #, etc.	Office Address AME #, etc.		CR2E081 (11/10)
City & State. Bonita Springs FL S Zip Country 34135 USA S	SAME COUNTRY SAME	3. FEI NUMBE	0110112004
7. Name and Address of Current Registered Agent Name Dames D. Hovey Street Address (P.O. Box Number is Not Acceptable) 27070 Wora Road Suite, Apt. #, Etc. City Bonita Springs FL 34135		REINSTATEMENT	
8. I, being appointed tife 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 Date Date Date Date Z Z Z Z Z Z Z Z Z			
Names and Street Addresses of Each Officer and/or Director (I Name of	Florida nonprofit corporations must list at lea	ast 3 directors)	
Officers and/or Directors	Officer and/or Director	·O 1	City / State / Zip
P James D. Hoover	27070 Mova		Bonita Springs FL 34135
V Valevie A. Hoover	27070 Mara R	sad	Bonita Springs FL 34135
			DEC 3 0 2013 C. CARROTHERS
10. E-mail Address: jameshover @centuryInk. Net (To bould 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 award that false information submitted in a focument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: Daytime Phone 8			