PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000134608

1. Corporation Name

3402 EAST BRAINERD ST. CORPORATION

REINSTATEMENT 11-12

7002217721027
02/13/12--01059--006 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
30 S. Spring St.	30 S. Spring St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State Pensacola, FL

Zip	Country	Zip	Country
32502	USA	32502	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/10/2003

5. FEI Number 56-2416118 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Young, Charles P.**

Street Address (P.O. Box Number Is Not Acceptable)
30 S. Spring Street

Suite, Apt. #, Etc.

City	State	Zip Code
Pensacola	FL	32502

7002217721027
02/28/12--01025--027 **150.00

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 _____ Date 1/17/2012

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
P	Condon, Robert P.	361 Woodbine Drive	Pensacola, FL 32503
S/T	Condon, Amy F.	361 Woodbine Drive	Pensacola, FL 32503

10. **E-mail Address:** cpy@esclaw.com

(To be used 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 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: _____ ROBERT P CONDON 26 JAN 2012

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