PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 2007 OCT 10 AM 11:58 DIVISION OF CORPORATIONS 401000046749 SECRETARY OF STATE TALLAHASSEE.FLORIDA DOCUMENT # PO400001291 REINSTATEMENT 06-07 3. Mailing Office Address 1388 & Blairmore BWd. CR2E081 (1/07) 388 E Blourmore Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Orange Bark, Fl grange P040000 129 Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 3a073 ستعاده 32073 for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in Vincent E Graner circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 388 E Blairmore are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. City Zip Code State Srac Drange 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 REGISTERED AGENT MUSTISIG 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors Vincent ENG Grancor Pres 388 & Blairmore Hark F1 32013 BIVOL.

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 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DEDIRECTOR

Date

Date

Date