## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF CATE  Secretary of State  DIVISION OF CORPORATIONS	FILED 06 DEC 13 PM 2:48	
DOCUMENT # P0400009245  1. Corporation Name  . William H. Roberts Ir CARget  Tout Alation Inc.		SECHETARY OF STATE TALLAHASSEE, FLORIDA	
Installation for 2. Principal Office Address	<b>WO LOCOTO</b> 50298 <b>3.</b> Mailing Office Address		r-11.
Suite, Apt. #, etc.	210 South Sth Street Suite, Apt. #, etc. #108	4. Date Incorporated or Qualified To Do Business in Florida	D-I Y
City & State  F/A. LOWER BEACH  Zip Country	City & State  COLOM-BOACH FIA.  Zip Country	300223672 No	oplied For ot Applicable
32931 USA	32931 USA	CERTIFICATE OF STATUS DESIRED L. flor a Certifica	te of Status
Name  Name  W///AM H Roberts R  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Cocoa Bankh  T. Name and Address of Current Registered Agent  11/14/06-01077-006 ***300 "00  State Zip Code FL 3293/			
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 11/5/06  REGISTERED AGENT MUST SIGN			
	l/or Director (Florida nonprofit corporations must list at le	ast 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PVST W,11, mm /+ Nos	ers) 20 South 545,	reef 108 lowbead, F1, 329	3/
		K. Eckel DEC 132	006
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 OR DIRECTOR  Date  Date  Date  Daylime Phone #			