## PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

29 3 811 Country 3 811 Country 3 811 Country 3 811 Country 3 811  7. Name and Address of Current Registered Agent  To Name 3 811  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  City ORLANDO  State 3 8066573  Signature of Registered Agent  REGISTATED AGENT MUST SIGN  Date 3 -1-08  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Titles  Officers and/or Directors  13 20 EDGEWATER CT.  ORLANDO, FL 3 804  10. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when filling this reinstatements of section 607,000 or 617, 600 or 617, F.S. Hurther certify that when filling this reinstatement so deed no 607,000 or 617, F.S. Hurther certify that when filling this reinstatement so deed no 607,000 or 617, F.S. Hurther certify that when filling this reinstatement so deed no 607,000 or 617, F.S. Hurther certify that when filling this reinstatement so deed no 607,000 or 617, F.S. The Information indicated on this application, he reason for dissolution has been eliminated by the corporation have been paid and the names of individuals lead on this form of or display 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 cein.	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FIL <b>08 MAR II</b> Georgiani	PH 2: 39	
Suite, Apt. #, etc.  4. Date incorporated or Qualified To De Busness in Finding  To De Busness in Finding  S. FEI Number  S. FEI Number			1. I			
City & State  ORLANDO  FL  ORLANDO  FL  ORLANDO  FL  ORLANDO  FL  2p  3 28 11  USA  7. Name and Address of Current Registered Agent  To be Business in Florida  5. FEI Number  3 517 Additional Fet registered  FL  ORLANDO  FL  3 25 19 8 7 6 0  Not Applicable  FL  ORLANDO  FL  Street Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Suite, Apl. #, Etc.  City  ORLANDO  FL  3 386 V 6 7 1  Street Address of P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address (P.O. Box Number is Not Acceptable)  13 20 E96 WATER COURT  Street Address of Each Officer and/or Director (Florida nonprofit comporations must list at least 3 directors)  Name of Officers and/or Director  Officers and/or Director Officer and/or Director (Porida nonprofit comporations must list at least 3 directors)  Name of Officers and/or Director  Officers and/or Director  Officers and/or Director Officer and/or Director (Porida nonprofit comporations must list at least 3 directors)  Name of Officers and/or Director  Officers and/or Director Officer and/or D	4901 OLD WINTER GARDEN	RO. OLD WINTER GARDEN		1/0801005025 **450.00 NSTATEMENT 06 - 0 8		
7. Name and Address of Current Registered Agent  Name  Tight N. Henry  Street Address (P.O. Box Number is Not Acceptable)  13.20 Engeen Agent  Suret, Address (P.O. Box Number is Not Acceptable)  13.20 Engeen Agent  Suret, Address (P.O. Box Number is Not Acceptable)  Suret, Apt. #, Etc.  City  ORLANDO  State  State  State  Signature of  Registered Agent  Agent  Agent  Name of  Officers and/or Directors  Name of  Officers and/or Directors  Name of  Officers and/or Directors  13.20 Engeen Agent  13.20 Engeen Agent  14. State Indicated a speciation, the reasing or of the speciation of	ORLANDO FL	ORLANDS FL Zip Country	5. FEI Numbe	08 -7 6 0	Not Applicable \$8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable)  13 20 EDGEWATER COURT  Suite, April #, Etc.  City  ORLANDO  Suite, April #, Etc.  City  ORLANDO  Suite and or projections and street Addresses of Each Officer and/or Directors  Titles  Name of Officers and/or Directors  Officers and/or Directors  13 20 EDGEWATER COURT  State 2/10 Code  FL 3 38C4-672  Signature of Registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  Part of Officers and/or Directors  Name of Officers and/or Directors  Officers and/or Directors  Titles  Name of Officers and/or Directors  13 20 EDGEWATER CT.  ORLANDO, FL 3 3804  10. Learlify 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 filling 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. The information indicated on this application is true and accurate, and my signature shell have the same legal effect as if made under oath.	3 3 7 03/1			٠	for a Certificate of Status	
Signature of Registered Agent  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  Officer and/or Director  Officer and/or Director  ORLANDO, FL 3 >804  10. Learlify 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.	JOHN W. HENRY  Street Address (P.O. Box Number is Not Acceptable)  13 20 EDGEWATER COURT  Suite, Apt. #, Etc.  City A State Zip Code		the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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SIGNATURE: 3-7-08 407-592-1123 SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						