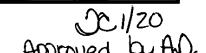
Page 182 please read all instructions before completing this form.

841 PRUDETIAL DRIVE 841 PRUDETIAL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 12TH FLOOR City & State JACKSONVILLE, FLORIDA Zip Country JOS To Do Business in Florida O4/06/2004 5. FEI Number Street Address of Current Registered Agent To Do Business in Florida O4/06/2004 5. FEI Number Street Address of Current Registered Agent The reinstatement fee is imposed, except circumstances which the entity did not receive and requesting the prior notices. By checking this box, y are certifying the prior notices were in received and requesting the reinstatement fee be waived. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Registered Agent ECCR2681 (12/07) 4. Date Incorporated or Qualified To Do Business in Florida O4/06/2004 To Do Business in Florida O4/06/2004 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED STATUS DESIRED OFFICE ACENTIFICATE OF STATUS DESIRED The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By checking this box, y are certifying the prior notices. By ch	REINSTATEMENT Se				DEPARTMENT OF STATE Secretary of State Ision of corporations		FILED 09 JAN 20 PM 12: 06	
2. Principal Office Address - No P.O. Box # 841 PRUDETIAL DRIVE 841 PRUDETIAL DRIVE 841 PRUDETIAL DRIVE Suite, Apt. #, etc. 12TH FLOOR 12TH FLOOR	1. Corporation Name					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
City & State JACKSONVILLE, FLORIDA Zip Country Zip Country JOH STEINUMBER Country JOH CERTIFICATE OF STATUS DESIRED State Address of Current Registered Agent War a centificate of St Address of Current Registered Agent Name KEITH WEAVER Street Address (P.O. Box Number is Not Acceptable) 841 PRUDENTIAL DRIVE State REGISTERED AGENT MUST SIGN JACKSONVILLE State REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Forida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors City / State / Zip CEO KEITH WEAVER 841 PRUDETIAL DRIVE JACKSONVILLE,FL 32207	2. Principal Office Address - No P.O. Box # 841 PRUDETIAL DRIVE 841 PRUDETIAL DRIVE Suite, Apt. #, etc.					CR2E081 (12/07) 4. Date Incorporated or Qualified		
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Name KEITH WEAVER Street Address (P.O. Box Number is Not Acceptable) 841 PRUDENTIAL DRIVE Subte, Apt. 4, Etc. 12TH FLOOR City JACKSONVILLE State Jacksonville Signature of Registered Agent REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors CEO KEITH WEAVER 841 PRUDETIAL DRIVE The reinstatement fee is imposed, except circumstances which the entity did not received the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Jacksonville The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except circumstances which the entity did not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived. State Table Date The reinstatement fee is imposed, except the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is intertured to the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived.	•			'	, ·			
KEITH WEAVER Stroet Address (P.O. Box Number is Not Acceptable) 841 PRUDENTIAL DRIVE Suite, Apt. & Etc. 12TH FLOOR City JACKSONVILLE 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 MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors CIEV Officer and/or Directors CIEV JACKSONVILLE 1/20/2009 REGISTERED AGENT MUST SIGN 9. Names of Officers and/or Directors CIEV / State / Zip City / State / Zip		7.	Name and Address o	f Current Registered Age	nt _			
### Store Agent FL 32207 ### Signature of 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 FL Washington Flore Washington	KEITH WEAVER Street Address (P.O. Box Number is Not Acceptable) 841 PRUDENTIAL DRIVE Suite, Apt. #, Etc.					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.		
Signature of Registered Agent								
Name of Officers and/or Directors Street Address of Each Officer and/or Director CEO KEITH WEAVER 841 PRUDETIAL DRIVE JACKSONVILLE,FL 32207 601/20/0901008009 ***600.00	Signature of Registered Agent Ltest Lu-					Date 1/20/2009		
Officer and/or Directors Officer and/or Director CEO KEITH WEAVER 841 PRUDETIAL DRIVE JACKSONVILLE,FL 32207 610141460416 01/20/0901008009 **600.0		s and Street Addre		d/or Director (Florida nonpre	· · · · · · · · · · · · · · · · · · ·			
600141460416 01/20/0901008009 **600.0	Titles						City / State / Zip	
	CEO	KEITH WEAVER			841 PRUDETIAL DRIVE		JACKSONVILLE,FL 32207	
10 Legify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617 E.S. I further certify that when fill					6001414 (01/20/0901008		00141460416 0/0901008009 **600.00	
10. I certify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. E.S. I further certify that when file								
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 fed 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 indication on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this re owed	instatement applic by the corporation	cation, the reason for diss have been paid and the	solution has been eliminated names of individuals listed	d, the corporate name satisfies on this form do not qualify for a	the requirements an exemption con	of section 607.0401 or 617.0401, F.S., that all fees	
SIGNATURE: 1/20/2009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA	TURE:	Kiel Ui	····		1/20		



La che du b 5-1-2009

Reports are che b 5-1-2009

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