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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # POLICE 1. Corporation Name Harmon	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS O DS DAG ACVES Inc.	F: 06 APR 21 77 1:12
2. Principal Office Address	3. Mailing Office Address	000074063740 05/05/0601030021 **300.00
7140 Exline Rd Suite, Apt. #, etc.	Same Suite, Apt. #, etc.	CR2E081 (12/05)
		Date Incorporated or Qualified To Do Business in Florida
City & State Sax F1. 32222 Ziv Country	City & State AX . F . Zip Country	5. FEI Number 6 Applied For Not Applicable
32222 Dunal	32222 Ounal	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Marcus A Koontz Street Address (P.O. Box Number is Not Acceptable) 7 40 EX Ine Rd Suite, Apt. #, Etc. City State Zip Code		
gar. Fl.		State Zip Code FL 3 2 2 2 2
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 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 Eac Officer and/or Directo	
vice Elizabeth J.	Harmon 7140 Exlin	e Rd Qax, Fl. 32222
Fres Marcus A Kon	7140 Exline	e Rd Gax Fl. 32222
		B 4/85/04
	REM	TATE ENTOS-DE
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 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., 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: Marcus A Koontz 4-19-06 904 54573		