

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000106248

1. Corporation Name

7777 holdings inc

2. Principal Office Address - No P.O. Box #

7226 w colonial dr

3. Mailing Office Address

7226 w colonial drv

Suite, Apt. #, etc.

#288

Suite, Apt. #, etc.

#288

City & State

orlando fl

City & State

orlando fl

Zip

32818

Country

usa

Zip

32818

Country

usaa

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

80-0002627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan Greer

Street Address (P.O. Box Number is Not Acceptable)

7226 w colonial drive #288

Suite, Apt. #, Etc.

#288

City

orlando

State

FL

Zip Code

32818

☒ 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.

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

Date 2/15/08

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 | City / State / Zip |
|---------------|--|---|---------------------------------|
| ST | charles foulk | 6026 lokey drive | orlando fl 32 810 |
| Dp | jonathan greer | 6026 lokey drive | orlando fl 32810 |
| | RH | 600118263896 | 02/18/08--01045--014 **\$500.00 |
| | REINSTATEMENT | 1-08 | |
| | | | |
| | | | |

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

2/15/08

Date

407 298 3582

Daytime Phone #