## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Oviedo  FL  Country  Zip  Country  Zip  Country  To Name and Address of Current Registered Agent  Name  James Ingram  Street Address (P.O. Box Number is Not Acceptable) 316 harflequin Ct  Suite, Apt. #, Etc.  City Oviedo  8. 1, 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  Name of Officers and/or Directors  316 harflequin Ct  Oviedo, FL 32765  Oviedo, FL 32765	CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		r ILEG SECRETARY OF STAFE DIVISION OF CORPORATIONS				
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address   SUID 1 29 1 9 4 5 28   05/13/08 - 01010 - 013   ***1050 .00   CR2E081 (1207)   3. Mailing Office Address   SUID 1 29 1 9 4 5 28   05/13/08 - 01010 - 013   ***1050 .00   CR2E081 (1207)   4. Cate Innoparated or Qualified To De Business in Florida   112404   5. FEI Number Of 10829025   Not Applied Ft Office Principal Principa			# P0400	015993	 S	USMATZ	I WU 2.00		
23 Alafaya Woods Blvd. unit 213 Suite. Apt. #, etc.  4. Date Incorporated or Qualified To De Business in Florida 112404  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were in received and requesting the reinstatement fee be waived.  Suite. Apt. #, Etc.  City Oviedo  State	High 7	Tech P	hotonics Inco	rporated					
23 Alafaya Woods Blvd. unit 213 Same  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Oviedo  FL  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the reinstatement fee be waived.  Suite, Apt. #, Etc.  City  Oviedo  Suite, Apt. #, Etc.  City  Suite Application of the expistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Apacity  REGISTERED AGENT MUST SIGN  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  316 harflequin Ct  Oviedo, FL 32765	<del>-</del>			1	<del>-</del>	- 800	129194620	3	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	·			_					
City & State Oviedo FL Country Zip The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived.  City Oviedo FL Zip Country  Street Address (PO. Box Number is Not Acceptable) Suite, Apt. #, Etc.  City Oviedo FL Zip Code FL Zip	•			<del></del>		-	CR2E081 (12/07)		
Oviedo    FL   S. FEN Immber   Applied F   Not	,								
Zip Country 32765 USA  To Name and Address of Current Registered Agent  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were in received and requesting the reinstatement fee be waived.  City Oviedo  Sitate Zip Code FL 32765  Titles  REGISTERED AGENT MUST SIGN  PRes James Ingram  316 harlequin Ct  Oviedo, FL 32765	City & State					5. FEI Number		Applied For	
32765  USA  7. Name and Address of Current Registered Agent  Name James Ingram  Street Address (P.O. Box Number is Not Acceptable) 316 harlequin Ct  Suite, Apt. #, Etc.  City Oviedo  8. 1, 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 Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  316 harlequin Ct  Oviedo, FL 32765		—т				010829025		Not Applicable	
Name James Ingram  Street Address (P.O. Box Number is Not Acceptable) 316 harlequin Ct  Suite, Apt. #. Etc.  City Oviedo  State FL 32765  Signature of Registered Agency Addresses of Each Officer and/or Directors  Titles  Officers and/or Directors  316 harlequin Ct  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, ye are certifying the prior notices were not received and requesting the reinstatement fee be waived.  State Signature of Registered Agency 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 Officers and/or Directors  316 harlequin Ct Oviedo, FL 32765			,	ZIP	Country	6. CERTIFICATE OF S	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
James Ingram  Street Address (P.O. Box Number is Not Acceptable)  316 harlequin Ct  Suite, Apt. #, Etc.  City Oviedo  State FL 32765  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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  316 harlequin Ct  Divido, FL 32765			7. Name and Address	of Current Registered A	gent				
Street Address (P.O. Box Number is Not Acceptable) 316 harlequin Ct Suite, Apt. #, Etc.  State Zip Code PL 32765  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 Must sign  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 Officers and/or Directors Street Address of Each Officer and/or Directors  316 harlequin Ct  Oviedo, FL 32765						The reinstatement fee is imposed, except in			
316 harlequin Ct Suite, Apt. #, Etc.  City Oviedo  State FL  State State FL  Signature of Registered Addresses of Each Officer and/or Directors  Titles  Name of Officers and/or Directors  Officer and/or Director  As are certifying the prior notices were not received and requesting the reinstateme fee be waived.  State Stip Code FL  Signature of Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Director  Officer and/or Director  Oviedo, FL 32765			x Number is Not Acceptable	e)			circumstances which the entity did not receive		
Suite, Apt. #, Etc.  City Oviedo  State FL 32765  State State FL 32765  State								-	
City Oviedo  State 32765  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 MUST SIGN  9. Names and Street Addresses 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 Oviedo, FL 32765	Suite, Apt. #	#, Etc.			received		and requesting the re		
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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Oviedo, FL 32765  PRes James Ingram 316 harlequin Ct Oviedo, FL 32765							ived.		
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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director  Oviedo, FL 32765  PRes James Ingram 316 harlequin Ct Oviedo, FL 32765	8. I, being	appointed the	registered agent of the at	pove named corporation, a	ım familiar with and accept the	obligations of section 60	07.0505 or 617.0503, F.S.		
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			· Q -				C E 18		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Oviedo, FL 32765  PRes James Ingram 316 harlequin Ct Oviedo, FL 32765	Registered A	Vgeot		REGISTERED AGENT MU	JST SIGN		Date		
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Oviedo, FL 32765  PRes James Ingram 316 harlequin Ct Oviedo, FL 32765	9. Names	and Street Ar	ddresses of Each Officer a	nd/or Director (Florida nor	norofit corporations must list at	least 3 directors)			
B5/23/X	1	Name of			· p · = · · · · · · · · · · · · · · · ·				
		·		8	000 11 01		City / State / Z	ïp	
	PRes	James In	Officers and/or Director		Officer and/or Direct	or	-	üp -	
	PRes	James In	Officers and/or Director		Officer and/or Direct	or	-	ip -	
	PRes	James Ir	Officers and/or Director		Officer and/or Direct	or	-	ip -	
	PRes	James Ir	Officers and/or Director		Officer and/or Direct	or	-	ip -	
	PRes	James Ir	Officers and/or Director	316	Officer and/or Direct	or	-	ip -	
	PRes	James Ir	Officers and/or Director	316	Officer and/or Direct	or	-	ip -	
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 filtre 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 fee 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   Si	PRes	James Ir	Officers and/or Director	316	Officer and/or Direct	or	-	ip -	
SIGNATURE: James Ingram 5-8-08  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #	10. I certify this reir owed b	y that I am an o	officers and/or Director	ceiver or trustee empowers ssolution has been eliminate names of individuals list signature shall have the state of the st	ed to execute this application as ated, the corporate name satisfied on this form do not qualify for same legal effect as if made under the corporate of the co	s provided for in chapter es the requirements of sor an exemption contained derivation.	607 or 617, F.S. I further certification 607.0401 or 617.0401, ed in Chapter 119, F.S. The inf	fy that when filing F.S., that all fees formation indicated	