PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED 09 JAN -9 PM 2: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
HAR SUCTO		· ·	8 01023 003 \$150.00
1878 2,012 HVE 2878 2 OLUMBURUE		EINS	CR2E081 (10/08)
Suite Apt. # SULTE SOO Suite, Apt. #, ex.		Date Incorporated or Qualified To Do Business in Florida	
ORLAND PA City & State ORANDO F		5. FEI Numbe	
32806 USA 328	OG COUNTRY USA	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name STEPHEN HARTER ACMA ILL CPA Street Address (P.O. Box Number is Not Acceptable) 43350 US HWY 27 Suite. Apt #. Etc. City DAVENPORT State Zip Code FL 33837		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. Libeing 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) Name of Street Address of Each Critical Street Address of Each			
Officers and/or Directors Officer and/or Director			City/State/Zip
200140967522 01/16/0301016014 **150.00 200140967522 01/16/0901016015 **150.00			
10. I certify that I am an officer or director or the receiver of 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 part and the refine 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 Date Daytime Phone #			