PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 2007 SEP 18 PM 3: 03
DOCUMENT # 1. Corporation Name. MARL.N STAMP in Position Position Positio	TNC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing O	ffice Address	CR2E081 (1/07)
City & State City & State	Leview FL 5. F	Date Incorporated or Qualified To Do Business in Florida 4-4-3005 FEI Number Applied For Not Applicable SERTIFICATE OF STATUS DESIRED SERTIFICATE OF STATUS DESIRED STATUS DESIRED
Name Name and Address of Current Registered Agent Name		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 concernation, 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 Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D MarTel Brown	4626 SE120 R	
D Lorry L Brown	462, SE 12, So	Bedding F4 3992, 505109702705 09/20/07-01027-018 **300.00
	REINS	STATEMENT (%-07
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 507 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 occurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		