PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7. Name and Address of Current Registered Agent Street Address (O Box Number is Not Address of Current Registered Agent Surie, Apt. #, Etc Ory State Zip Code FL 3783. 8. I, being appeinted the equistered agent of the above passed corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. Signature of Registered Agent Registered Agent Addresses of Each Officer and/or Director Pres Officers and/or Directors Officers and/or Directors Triles Officers and/or Directors Officers and/or Directors Triles O	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	14 SEP -3 PH 5: 16
2. Principal Office Address LTD Through Office Address CR26081 (11/10) 4. Date Incorporated or Qualified To Do Business in Foldar To Do Business in Foldar S. FEI Number S. FEI Number Applied For Nat		TALL ABASSES TO SECOND
2p Country 33891 Country 37. Name and Address of Current Registered Agent Name The Address of OBox Number is Not Address of Current Registered Agent Street Address (OBox Number is Not Address) Suite Apt #, Etc. 13002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002639838553 30002653983853 30002653983853 30002653983853 30002653983853 30002653983853 30002653983853 30002653983853 3000265398383853 30	2. Principal Office Address - No P 6 Box # 3. Mailing Office Address H36 Thousand Ocks Dl.d. H36 Thousand Ocks Dl.d. Suite, Apt #, etc	Date Incorporated or Qualified To Do Business in Florida
Street Address (FO) Box Number is Not Jobbs above. Suite. Apt. #, Etc. Suite. Apt. #, Etc. Suite. Apt. #, Etc. Suite. Apt. #, Etc. Site		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
8. 1, being appeinted the registered agegst 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 Name of Officers and/or Directors Name of Officer and/or Directors Pers Wayn Tuckley 10. E-mail Address: The Company of the street of the receiver or flustee amprovement of Street Address of Each Officer and/or Director or the receiver or flustee amprovement of State or annual report notification of the corporation have been plain-thurther centry that it am an officer or director or the receiver or flustee amprovement of section 607 0401 or 617 0401, F.S., and that all fees owed by the corporation have been plain-thurther centry the information indicated on this applications is true and accurate, and my signature shall have the same legal effect as it made under cath. I am awaye the flass information adobument to the Department of State or solved for na 8417.55, F.S. SIGNATURE:	Street Address (F.O. Box Number is Not Address) Suite, Apt. #, Etc. City State Zip Code	300263983853 09/04/1401001022 **1835.00
Titles Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Directors Pres Wayn Tuckley Thousand Odes Blod. Deserption To Base Thousand To Base Thousand Odes Blod. Deserption To Base Thousand To Base Thousand Thousand Thousand To Base Thousand To Base Thousand Thousand Thousand To Base Thousand	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent	Date 9-3-1H
Officer and/or Director Description Descriptio	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
10. E-mail Address: (To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or Mistee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement-application have been plain-further certify. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. I am aware that false information submitted in adoptional to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S. SIGNATURE:		City / State / Zip
10. E-mail Address: (To be used for future annual report notification) 11. I certify that I am an officer or director or the receiver or flustee 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., and that all fees owed by the corporation have been paid. Hurther certify: the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information addocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:	Pres Wayne Buchley 426-Thousand Odrs	Bl-d. Demport, F1 33896
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR Date Daytime Phone #		