PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 'REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 MAR 18 AM 8: 03
DOCUMENT # P05000 113771 1. Corporation Name John Banks Flooning Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 6113 Dearrow	REINSTATEMENT
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified Tu Do Business in Florida 10-17-2005
FT Myors, F1 Zip Country 33908 Lee-	FT Myers Zip Country 33908 Lee	5. FEI Number Applied For 5428102 Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name —		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable) 6 1 3 Doorw Suite, Apt. #, Etc.		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.
FT Myors 8. 1, being appointed the registered agent of the abo	State FL 33908 Some named corporation, am familiar with and accept the corporation.	
Signature of Registered Agent School REGISTERED AGENT MUST SIGN Date March 6, 09		
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 Eac Officer and/or Directo	
Pre John Banks	6113 Parran	FTM, 085 FT 33908
REINSTATE	EMENT	500146067065 03/18/0901003022 **600.00
	RH	
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 Date Date Despure Phone #		
SIGNATURE: JOHN JOHN JOHN JOHN JOHN DAILE Date Dayture Phone #		