PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				Ξ	08 DEC -8 AM 9: 21 LUNCTARY OF STATE TALLAHASSEE, FLORIDA					
DOCUMENT # P06000036665 1. Corporation Name										ĩÃ	LĽAHA	ÁSSEE, FLORIDA	i.
SCAN	NTRAK	DAT	TA S`	YSTE	EMS INC	C .				i: 12/0	D D 1 8/08-	3869317 -01057002 *	?1 *300.00 - ^CKS
2. Principa	#	3. Mailing C	Office Addres	ss			DEN	IOTA	TERSENT (リフェク)X ^(**)			
2338 Immokalee Rd.					2338 Immokalee Rd.					KEIR	41 <i>C</i> 1	JEMENT O	7 00
Suite, Apt. #, etc.					Suite, Apt. #, etc.								
Suite 173					Suite 173				İ	4. Date Incorp			
City & State	City & State					City & State				00/10/2000			
Naples FL				Naples FL					5. FEI Number Applied For 41-2200136 Not Applicable				
Zip Country			Zip		Country		6. OF DESIGNATE OF STATUS PROUPED \$8.75 Additional Fee required						
34110	0 US		34110		US	I 65		CERTIFICATE	OF STATUS	S DESIRED for a Cert	ificate of Status		
7. Name and Address of Current Registered Agent													
Name INCORP SERVICES, INC.									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.				
Street Address (P.O. Box Number is Not Acceptable) 17888 67th Court North													
Suite, Apt. #, Etc.													
City Loxahatchee							State Zip Code 33470						
Signature o Registered	Agent a	ni	re)	Zu R	LL on EGISTERED AC	behal GENT MUST	Fof.	Incorp :	Ser -	<u>rvice</u> s, In		5 or 617.0503, F.S. 12/4/08	
9. Names	and Street Ad	Idresses			d/or Director (FI	orida nonpro		·				***************************************	
Titles	Name of Officers and/or Directors				i	Street Address of Each Officer and/or Directo			ector	City / State / Zip			
P/D	Gordon Keenan					2338 Immokalee Rd. 173			3	Naples, FL 34110			
		,		_									
this rei owed t	instatement ap by the corpora	plication, tion have	the reas been pai	on for dis: id and the	solution has bee	n eliminated duals listed o	, the corp on this for	orate name sati m do not qualify	isfies / for a	the requirements an exemption con	of section	r 617, F.S. I further certify th 607,0401 or 617,0401, F.S. chapter 119, F.S. The inform	., that all fees
SIGNA			<u>~</u> }			Gordo				11/	20/08	416-436-4271	
	SI	GNÁTURE	AND TY	PED OR PI	UNTED NAME OF	SIGNING OF	FICER OR	DIRECTOR			Date	Daytime Pho	ne #