

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000060640

1. Corporation Name

FORT AMERICA CORPORATION

2. Principal Office Address - No P.O. Box #

11435 ROCKET BLVD.

Suite, Apt. #, etc.

103

City & State

ORLANDO FL

Zip

32824

Country

USA

3. Mailing Office Address

7901 KINGSPONTE PKWY.

Suite, Apt. #, etc.

31

City & State

ORLANDO FL

Zip

32819

Country

USA

REINSTATEMENT
CR2E081 (12/07) 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2006

5. FEI Number
20-4798369

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

JOAQUIM MOTA FILHO

Street Address (P.O. Box Number is Not Acceptable)

14221 NOTTINGHAM WAY CIR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32828

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 corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joaquim Mota

REGISTERED AGENT MUST SIGN

Date 02/19/2008

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
DPST	JOAQUIM MOTA FILHO	14221 NOTTINGHAM WAY CIRCLE	ORLANDO FL 32828

500118752055
02/25/08--01053--002 **300.00

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:

Joaquim Mota

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/07

Date

(407) 370-6445

Daytime Phone #