

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -4 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000073402

1. Corporation Name

SURVIVAL FOUR Inc.

REINSTATEMENT 07^{KS}

CR2E081 (1/07)

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

20401 NW 2nd Ave

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33169

Country

USA

3. Mailing Office Address

2041 Quail Roost Dr.

Suite, Apt. #, etc.

City & State

Weston, FLORIDA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/06

5. FEI Number

14-1964633

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

Pamela Powell

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

2041 Quail Roost Drive

Suite, Apt. #, Etc.

Weston

33327

City

State

FL

Zip Code



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

Pamela Powell

REGISTERED AGENT MUST SIGN

Date

12/29/07

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
P	Pamela Powell	2041 Quail Roost Dr	Weston, Fl. 33327
T	Jennifer Smith	2041 Quail Roost Dr	Weston, Fl. 33327

500113759415
01/04/08--01019--004 **\$50.00

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:

Pamela Powell

Pamela Powell

Date

12/29/07

Daytime Phone #

786-768-1724