PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Signature of Registered Agent Agen	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	THE REAL PROPERTY OF THE PARTY
Services Two 2. Percepti Circle Address - No P.O. Bor # 2. Suite, Apt. #. etc. City, & State Royal Palus Book Country Country Country Fig. Number 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. The reinstatement fee is imposed, except in circumstances which the entire for received and requesting the prior notices were not received and requesting the reinstatement fee be waived. Street Address (*C.O. Sox Aparthers in No. Acadelability) The reinstatement fee is imposed, except in circumstances which the entire in the prior notices were not received and requesting the reinstatement fee be waived. Street Address (*C.O. Sox Aparthers in No. Acadelability) The reinstatement fee is imposed, except in circumstances which the entire in the prior notices were not received and requesting the reinstatement fee be waived. Street Address of Sox Sox Aparthers in the above named corporation, an farminar with and accept the obligations of section 807.0505 or 617.0503, F.S. Simpleture of Proposition of the subcondition between the prior notices and the above named corporation and acceptance of prior the prior notices were not received and requesting the reinstatement fee be waived. 9. Names and Street Addresses of Each Officer and/or Director (Porda nonprotil corporations must fel at least 3 directors) Titles Officer and/or Directors O	DOCUMENT # P0600088638		_ · _ ·
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Name Street Address (P.O. Box Number is Not Accordable) CT	7. Name and Address of Current Registered Agent		
State SS41 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 Agen	Name Brown W1991NS Street Address (P.O. Box Number is Not Acceptable) Sell CreST CT		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
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Position Brau Wiggins 2111 Bell CVe57 CT Royal Ralm Bcgaff Replacement of the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 lees 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. S61- August 1998 Replacement of City / State / Zip Replacement of City	Signature of Registered Agent Date OCT 28, 3009		
Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Poyal Palm BSST Poyal Palm BSST To poyal Palm BSST Poyal Palm BSST To poyal Palm BSST Poyal Palm BSST To poyal Palm BSST Poyal Palm BSST	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			