PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	i	FILED DAPRIS PM 2: 32	
DOCUMENT # P070000 2 1 4 3 7 1. Corporation Name				SECRETARY OF STATE TALEAHASSEE, FLORIDA	
Mª DANIELL, HUNTER & PRINCE, INC					
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1815 MICCOSUCKEE COMMONS DR P.O. BOX 1308				900175629029 04/14/1001001002 **450.00 CR2E081 (11/09)	
Suite, Apt. #, etc. Surte, Apt. #, etc. 32302			4. Date Incorporated or Qualified To Do Business in Florida 2/16/67		
City & State City & State City & State City & State FL TALLAHASSEE, FL			5. FEI Numbe	Applied For	
Zip Country Zip Country 32302 Country			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				iora Gertineate di Status	
Name Sarrott Street Address (P.O. Box Number is Not Acgeptable)			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you		
1815 Micastickee Commont Pr., Suite, Apt. #, Etc.				are certifying the prior notices were not received and requesting the reinstatement	
City State Zip Code FL 32309			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 REGISTERED AGENT MUST SIGN				1 1	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Officer	itles Name of Officers and/or Directors		h .	City / State / Zip	
PD J. PAUL OXER - 1815 Micourbel Connor					
D Barrett Z	D Borrett H. Johns		*** 10*********************************	Tallahassel, Fi 32309	
REINSTATEMENT 08-09-10					
10. E-mall Address:					
(To be used for future annual report notification) 11 certify that am an officer or director or the receive or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. further certify that when filting					
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. I further certify 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
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