PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI			\$	DEPART Secretary	of S				FILED R 30 PM	2: 15	
DOCUMENT # P07000083697 1. Corporation Name									TALLA	HASSEE, F	LORIDA	
MARISHIEL G. PATERNO, PA											10.5	
2. Principal Office Address - No P.O. Box # 3802 HARTWOOD LANE				3. Mailing Office Address 3802 HARTWOOD LANE				REINSTATEMENT 08-09 CR2E081 (12/08)				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					rporated or Qualifi siness in Florida	ed 7/24/200	7	
City & State JACKSONVILLE, FL				JACKSONVILLE, FL				5. FEI Number 26-0627809 ✓ Applied For Not Applicable				
z _{ip} 32216	Country USA		^{Zip} 32216		Coun	•	6. CERTIFICATE OF STATUS DESIRED			Additional Fee required Certificate of Status		
7. Name and Address of Current Registered Agent												
Name MARISHIEL G. PATERNO								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) 3802 HARTWOOD LANE												
Suite, Apt. #, Etc.												
City JACKS				FL Zip Code 32216			.55 55 Waltod.					
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.											39	
Signature of Registered Agent 03/30/09—REGISTERED AGENT MUST SIGN										18009	**300.00	
	•		-									
Titles	s and Street A		Name of	/or Director (Florida nonprofit corporations must list at le				77				
P,T	Officers and/or Directors MARISHIEL G. PATERNO			Officer and/or Director				r 	JACKSONVILLE, FL 32216			
VP, S												
VF, 3	GERARD M. PATERNO				3802 HARTWOOD LANE			JACKSONVILLE, FL 32216				
	A.,											
	13/3/											
				r								
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: PRESIDENT 3-22-09 904-236-0505 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desystems Phone #												
	81	SANIYE	אין אין עדיין יידרי	HIED HAME UP	SIGNING OFF	CER U	N DIRECTOR		Date	Dayume	FRUITS #	