PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address - No P. O. Box # 3. Mailing Office Address 10/15/09-01036-005 \$4300.00 2. Principal Office Address - No P. O. Box # 3. Mailing Office Address 10/15/09-01036-005 \$4300.00 2. Principal Office Address - No P. O. Box # 3. Mailing Office Address 10/15/09-01036-005 \$4300.00 2. Principal Office Address - No P. O. Box # 3. Mailing Office Address 10/15/09-01036-005 \$4300.00 2. Principal Office Address - No P. O. Box # 300.00 2. Principal Office Address 10/15/09-01036-005 \$4300.00 2. Principal Office Address 10/15/09-01036-005 \$4300.00 3. Mailing Office Address 10/15/09-01036-005 \$4300.00 4. Date Incorporated or Qualified To Do Business in Florida 1/-16-07 Not Do Business in Florida 1/-16-07 Not Applied For Not	T ELAGE READ ARE INSTRUCTIONS BET ORE COMIT LETING THIS FORM.		
Secretary of State DOCUMENT # 1. Composition Name OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA 10715/09-01036-005 ***300.00 SUBJECT OF NOTE OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA TOTAL OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA TOTAL OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA TOTAL OF STATE FALLAHASSEE, FLORIDA SECRETARY OF STATE FALLAHASSEE, FLORIDA TOTAL OF	CORPORATION FLORIDA DEPARTM	ENT OF STATE	
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Street Address (P.O. Box Number is Not Acceptable) Surfe, Apt. #, Etc. City Surfe 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 Registered Address of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	Name Diggs Castor	The reinstatement fee is imposed, except in	
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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 Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip VHOMESTAND State Roy Sealer Mars a least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip		te Zip Code	
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	Officers and/or Directors		
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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 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 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: SIGNATURE OF TYPER OF DIRECTOR DIRECT		