T. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Name April Martin  Street Address (P.O. Box Number is Not Acceptable) 1038-5 Dunn Ave PMB24  Suite, Apt. #, Etc.  City Jacksonville  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  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  City / State / Zip  Date  CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee require for a Certificate of Status for a Certificate of Stat			PLEA	ASE READ	ALL INS	TRUCT	ION	S BEFO	RE C	OMPLET	ING THIS	FORM	
DOCUMENT # P07000132349  1. Corporation Name  More Reporters Inc  2. Principal Office Address - No P.O. Box # 1038-5 Dunn Ave PMB24  3. Melling Office Address  Suite. Apt. #, etc.  3. Melling Office Address  4. Date Incorporated or Qualified 12/17/2007  CR2E081 (12/08)  4. Date Incorporated or Qualified 12/17/2007  3. Applied For Not Applicable 5 City & State 3 CERT-BIA Variation 12/18/305  To De Suite. Apt. #, etc.  3. The reinstatement for Statistical of Statistics 12/18/305  T. Name and Address of Current Registered Agent  Name April Martin  Street Address (P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  Street Address (P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  Street Address (P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. State 3 22 P.O. Box Namore is Not Acceptable)  3. REGISTERED AGENT MUST SIGN  3. Mame of Officers and/or Directors  Officers and/or Directors  DELINICITATION IN Namore is Not Address of Each Officer and/or Directors  DELINICITATION IN Namore is Not Address of Each Officer and/or Directors  DELINICITATION IN Namore is Not Address of Each Officer and Namore is Namore and Process of Each Officer and Process is Namore and Process is Namor						Secreta	ry of S	State	ATE				
10/19/19 01/1042 01/10   **300.00	1. Corpo	pration Name	. •	•	2349	<del></del>	,				· ·	ver under the contract of the	· * · · · · · ·
Suite, Apt. #, etc.  City & State  Jacksonville Florida  City & State  Jacksonville Florida  City & State  Jacksonville Florida  City & State  Zip  Country  Country  Country  Country  Country  To be Business in Florida  21,177/2007  Applied For Rock Applied For							Office Address			10/19/0901042010 **300.00			
City & State   Country   Zip   Country   Zip   Country   State   Sta	Suite, Apt. #, etc.					ıllə, Apt. #, etc.				4. Date Incorporated or Qualified			
Zip Country  32218  7. Name and Address of Current Registered Agent Name April Martin  Street Address (P.O. Box Number is Not Acceptable) 1038-5 Dunn Ave PMB24  State Signature of FL 32218  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  Name of Officer and/or Directors  Pres April Martin  1038-5 Dunn Ave  12 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.  24 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.  3218  9. 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  Date  Date  1038-5 Dunn Ave  1038-7 Dunn Ave	•	City & State	)				5. FEI Number Applied For 26.3673365						
Name April Martin    Street Address (P.O. 8ox Number is Not Acceptable)   1038-5 Dunn Ave PMB24	,,				Zip	Cour	ntry		6. CERTISICATE OF STATUS DESIRED \$8.75 Addition			ditional Fee require	
Name April Martin    Street Address (P.O. 8ox Number is Not Acceptable)   1038-5 Dunn Ave PMB24			7. Nan	ne and Address of	Current Regis	stered Age	nt						
State Jacksonville  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	April Martin Street Address (P.O. Box Number is Not Acceptable) 1038-5 Dunn Ave PMB24									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			
Registered Agent								32218	de	100 00			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  Pres April Martin 1038-5 Dunn Ave Jax Fl 32218  DETINION ATTEMATEMATEMATEMATEMATEMATEMATEMATEMATE	Signature i	of	registere					with and acce	pt the ob	oligations of secti			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  Pres April Martin 1038-5 Dunn Ave Jax Fl 32218  DETINION ATTEMATEMATEMATEMATEMATEMATEMATEMATEMATE	9. Name	s and Street Ad	dresses o	of Each Officer and	or Director (Fig	orida nonpro	ofit corp	orations must	list at lea	ast 3 directors)			
DEINICTATEMENT			Street Address of Each										
REINSTATEMENT	Pres	April Mart	1038-5 Dunn Ave					Jax FI 32218					
REINSTATEMENT													
		RE	IN	STAT	EMI	ENT			NH				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR