PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM. **岩郎 斯爾** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 15 FEB 20 PH 8: 45 REINSTATEMENT DIVISION OF CORPORATIONS MORETAR DE LATE DOCUMENT # P10000057625 MCBIZ, NC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E081 (11/10) Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For Not Applicable 273041078 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status e and Address of Current Registered Agent 100266008461 02/20/15--01043--008 **159,00 100268008461 01/05/15--01028--002 **750.00 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. Registered Agent 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 Director City / State / Zip Titles Officers and/or Directors DAPREN 1514 W 4, sum WA St REINSTATEMENT FEB 2 0 2015 R. HUNT 10. E-mail Address: (To be used for future annual report notification)

11. 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., and 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. I am aware that false information submitted in a focusing the corporation of State constitutes a third degree felony as provided for in s.817.155, F.S.

Daytime Phone #