RUEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE ...ORATION part | I have been Secretary of State RÉINSTATEMENT DIVISION OF CORPORATIONS 16 NOV - 1 AM ID: 55 DOCUMENT # P10000074665 SECRETARY: 1. Corporation Name 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address CR2E081 (11/10) Date Incorporated or Qualified To Do Business in Florida / 010 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED Lomal Name and Address of Current Registered Agent 200291958882 11/03/16--01032--014 **1365.00 33C 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 (Fiorida nonprofit corporations must list at least 3 directors) Street Address of Each City / State / Zip Officers and/or Directors 90c NOV 03 2016 10. E-mail Address D CUSHING (To be upfd 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 reinstaltement application, the reason for dissolution has been eliminated, the coporate 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: 954)320/17

IGNOTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR