## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 13 OCT 24 PM 1: 20	
DOCUMENT #		SECRETARY OF STATE	
1. Corporation Name  # P 11 Ø Ø Ø Ø 17 2 Ø	63	FAEGAHASSEE, FLORIDA	
HASCETT LAW, P.A.		<b>60</b> 0252633556 10/09/1301039006 **377.50 \ <b>√</b>	
2. Principal Office Address - No P.O. Box # 2324 COUNTRY SIDE DR.	3. Mailing Office Address P.O. Boy 332	300253199863	
Suite, Apt #, etc.	Suite, Apt. #, etc.	10/24/1301028007 **531.25 /\frac{10}{2}	
	31.	4. Date Incorporated or Qualified  To Do Business in Florida  2.16/2011	
City & State  Frank (- T (14) in Fl	City & State	5 FEI Number Applied For	
TUZMING ISUAND, FL	CNEEDY COVE SPUNGS FC	21-492-8017 Not Applicable  6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required	
32003 USA	32043 USA	CERTIFICATE OF STATUS DESIRED 50.73 Additional Fee required for a Certificate of Status	
/. Name and Address of	Current Registered Agent		
JAMES KUBERT HASVETT		j	
Street Address (P.O Box Number is Not Acceptable)  2324 COUNTRY S. D.E. D.R.		jrhaslett eyahoo.com	
Suite, Apt. #, Etc.		Januaren eganiorian	
FURMING ICUANO	State Zip Code FL 3240/3	·	
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			
	Nor Director (Florida nonprofit corporations must list at le	ast 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
MARIM JAMES ROBERT /	TASLETT 2324 COUNTRY S	IDE DA FLEMING ISLAND, FZ 32003	
		113-5400	
	REINST	ATEMENT 2012-	
10. E-mail Address: If has left cuahop. Com (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 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., and that all fees			
<ul> <li>owed by the corporation halve been paid. I further ce</li> </ul>	egify/the information indicated on this application is true a	and accurate, and my signature shall have the same legal effect as institutes a third degree felony as provided for in s.817.155, F.S.  (904) 271 - 1905	