PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 NOV -7 AM 7:

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000054098

1. Corporation Name

604TH, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9871 Timmons Rd	9871 Timmons Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thonotasassa, Fl	City & State: Thonotasassa
Zip: 33592 Country: US	Zip: 33592 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/13

5. FEI Number: applied for ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Estelle McKay

Street Address (P.O. Box Number is Not Acceptable): 9871 Timmons Rd

Suite, Apt. #, Etc.:

City: Thonotasassa State: FL Zip Code: 33592

900305452649
11/07/17--01021--002 **350.00

900305452649
11/07/17--01021--003 **1000.00

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.

Signature of Registered Agent: Estelle McKay
REGISTERED AGENT MUST SIGN

Date: 11/7/17

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Cortlyn McKay	9871 Timmons Rd.	Thonotasassa, Fl 33592
T	Estelle McKay (5% owner)	9871 Timmons Rd	Thonotasassa, Fl 33592
S	Eryka Marshall (5% owner)	9871 Timmons Rd	Thonotasassa Fl 33592

10. E-mail Address: info@nowasvitae.org
(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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Estelle McKay 11/7/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NOV - 7 2017
L BERGER