## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 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 & D Peter H. Sheppard 101 Philadelphia Street Hanover, PA 17331  S & D Oliver Hoar 101 Philadelphia Street Hanover, PA 17331  T & D William Heiser 101 Philadelphia Street Hanover, PA 17331  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 807 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., 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 under section 119.07(3)(i), 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: Put S 433—4103  | REINSTATEMENT Secre |  |  | EPARTMENT OF STATE Ju  |  | LED<br>I 19, 2005 8:00 A.M.<br>cretary of State  |                         |  |
|--|---------------------|--|--|--|--|--|-------------------------|--|
| Suite, Apt. #, etc.  4. Date incorporated or Qualified To Do Blustness in Foords O4/16/87  Special Assistant Security (Applicable Processing Post Post Part Part Post Part Part Part Part Part Part Part Par  | 1. Corpora          | ition Name   |  |  |  | and the second of the second o | e mid come              |  |
| City & State Hanover, PA  Country Typ 17331  USA  Country USA  To Learn Address of Current Registered Apant  City & State  Nome City Corporation System  State Address of Current Registered Apant  City & State  Nome City Corporation System  State Address of Current Registered Apant  City & State  Suite Ages (PO. Box Number is Not Acceptable) 1200 South Pine Island Road  Suite Age: R. Etc.  City Plantation  State Address of Suite  Special Assistant Secretary  Registered Apant  Registered A | ·                   |  |  | dress  |  | Line and W   | 144-05                  |  |
| City & State Hanover, PA  Zip 17331  Country USA  Zip Country Site Size Address of Current Registered Agent  Zip Country Plantation  Site Size Address of Current Registered Agent  Zip City Plantation  Site Size Code FL 33324  Zip Code FL 33 | Suite, Apt. #       | ŧ, etc.  | Suite, Apt. #, etc.  | uite, Apt. #, etc.   |  |  |                         |  |
| To Country 17331 USA 1733  |                     |  | 1 -  | 1 -  |  | 5. FEI Number Applied For  |                         |  |
| Super Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  Suite, Apt. #, Etc.  City Plantation  State Registrered Agent Registrered Age |                     | <u>'</u>   | I '  |  | 6  | SECTATION DECIDED [7] \$8.75   | Additional Fee required |  |
| Suite, Apt. #, Etc.  City Plantation  State Plantation  State Suite, Apt. #, Etc.  City Plantation  FL  State Suite, Apt. #, Etc.  City Plantation  FL  State Suite, Apt. #, Etc.  Signature of Registered agent of the above named corporation, am familiar with and program of section 607,0505 or 617,0503,455.  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)  Titles  Name of Officers and/or Directors  Name  | Name                |  |  |  |  |  |                         |  |
| 8. I, being appointed thy registered agent of the above named corporation, am familiar with and programs 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)  Titles Name of Officers and/or Directors Street Address of Each Officer and/or Directors City / State / Zip  P & D Peter H. Sheppard 101 Philadelphia Street Hanover, PA 17331  T & D William Heiser 101 Philadelphia Street Hanover, PA 17331  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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form of one qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this sapplication is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE: A HALLALAL 6-17-u  |                     | <u> </u>   |  |  |  |  |                         |  |
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| Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director City / State / Zip  P & D Peter H. Sheppard 101 Philadelphia Street Hanover, PA 17331  S & D Oliver Hoar 101 Philadelphia Street Hanover, PA 17331  T & D William Heiser 101 Philadelphia Street Hanover, PA 17331  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 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., 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 under section 119.07(3)(i), 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 o         |  | 2 Juan   | - Special Assist   | _  | 7/1/0  | 22                      |  |
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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR 113/16 13/20/10/10/10/10/10/10/10/10/10/10/10/10/10   | SIGNA               | TURE: SIGNATURE AND TYPES OF   | PRINTED NAME OF SIGNING                                      | OFFICER OR DIRECTOR  | 6-17                                       |  | -4103<br>e Phone #      |  |