CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P 9300000 5872 Principal Office Address. No P D. Box # P D. Box # P D. Box # P D. Box P P D. Box	PLEASE READ A	ALL INSTRUCT	IONS BE	FORE C	OMPLET	ING THIS FOR	M.		
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3.771 U.S 3.772 U.S CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name CLYN BUNYAMIN Street Address (P.D. Box Number is Not Addeptable) Suite, Apt. II. Etc. City Deleon Springs 8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503, F.S. Bignature of Registered Agent MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Purp. John R. Biemiller P.D. Box 745 Santord, Fl. 32.776 DEC 13.2021 DEC 13.2021	Jantora, FL.					59. 3179558 Applied For Not Applicable			
Street Adgress (* 9 Box Number is Not Acceptable) Suite, Apt. #. Elc. City Deleon Springs State Zap Code 19/27/21-1010320.001 **1650.001 20/5-202 41650.001 20/5-202 20/5-202	32771 US	32772		5	6. CERTIFICA:	TE OF STATUS DESIRED	\$8.75 Addition	onal Fee required	
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City Deleon Springs State Zp Code FL 33/30 2015-2021 **1650.00 20	Street Address (P.O. Box Number is Not Acceptable)								
Delen Springs FL 32/30 20/5-2021 4/650, @	Suite, Apt. #, Elc.				400374051604				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agen P	Deleon Springs		State Zip Code 09/27/2101032001 **165 FL 32/30 2015-2021 **165				0.00 5 CD		
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 Director Officer and/or Director Santard, FL. 33,776 Pref. John R. Biemiller P.O. Box 745 Santard, FL. 33,776 Dec Teresa Gronski P.O. Box 3,765 Santard, FL. 33,776 Dec 13,2021	8. I, being appointed the registered agent of the abov	e named corporation, am	familiar with and	accept the ob					
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Titles Name of Officers and/or Directors Pref. John R. Biemillev P.O. Box 745 Santord, FL. 3277. Suc Teresa Gronski P.O. Box 2765 DEC 13 2021									
Pref. John R. Biemiller P.O. Box 745 Santord, FL. 3277. Dec Teresa Gronski P.O. Box 3765 Santord, FL. 3277. Dec 13 2021	Morro of	or Director (Florida nonpre			nst 3 directors)	 			
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5. PRATHER						06	C 1 3 20	21	
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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 formation 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 take information surfaced in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

(To be used for future annual report notification)

(W

SIGNATURE: J-ha R. BIBALLER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

^{10.} E-mail Address<u>:</u>

Date Daytime Phone #