PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 98 JUL 24 PH 12: 11 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 7014 SHAMROCK ROAD TAMPA, ILL Mailing Address (S n-m 8) 7014 SHAMRULK RUAD TAMPA, EL 33616 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Poncipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualific To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0392530 City & State Zıp Country Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip SHAMROCK ROAD KUITH LOPEZ TAMPA, FL 33616 400002601954--3 -07/29/98--01038--014 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Ager KEITH LODEZ 7014 SHAMROCK Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33616 Suite, Apt. #, Etc. State | Zip Code 10. I, being appointed the registored agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent Date STERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. 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., 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: