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 DOCUMENT # 98 SEP -8 AM 8: 53 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA lanning, Matthau Hers If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2111193 342 Coloni21 Suile, Apt. #, etc. 5. FEI Number Applied For 65.0522863 City & State & State Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status こつぐらら 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprefit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) until 1342 Colonial VQQ57 101, 101 ı*čle.* € -**-0**1006--017 \*\*\*\*908.75 \*\*\*\*908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Age Name Street Address (P.O. Box Number is Not Acceptable) (see elave Suite, Apt. #, Etc. State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent , REGISTERED AGENT MUST SIGN Date 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔯 No M 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 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 eath. SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR