PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham, Secretary of State **FOR** REINSTATEMENT 94-97 REINSTATEMENT DIVISION OF CORPORETIONS DOCUMENT #7930000 1350 1 1. Corporation Name Principal Place of Business Mailing Address 2603 H. Ocean Drive, Suite Bency Fr If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WHITE IN THIS GRACE 4. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable SAME AS ABOUG 1799250 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0365734 City & State Not Applicable \$8.75. Additional Fee required Zip Country Zin Country CERTIFICATE OF STATUS DESIRED 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 Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Brich b J. Wummer DRIVE presion 2603 N. Ocem **30213077**6---04/02/97--01003--008 **600002797-01003-009** \*\*\*\*585.00 \*\*\*\*585.00 6D0002130776--8 -04/02/97--01003--010 <del>\*\*\*\*660.00 \*\*\*\*660.00</del> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) えしひょ Sulte, Apt. #, Etc. Bency Fe 33404 City 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 11. Does this corporation pay any intangible tax to the (See other side for Information No X Dept. of Revenue under S. 199.032, Florida Statutes. Yes on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR