PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 10 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025924

1. Corporation Name
E.R. Guyton, Inc.

2. Principal Office Address	3. Mailing Office Address
5255 S. Tropical Trail	5255 S. Tropical Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32952 Country: USA	Zip: 32952 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: April 5, 1993

5. FEI Number: 65-0412242 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stephen Roof
Street Address (P.O. Box Number is Not Acceptable): 1865 SW 23 Terrace
Suite, Apt. #, Etc.:
City: Miami, FL State: FL Zip Code: 33145

300073569983
05/02/06--01004--018 **2550.00

100073570431
05/02/06--01004--019 **8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4-4-06

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
Pres.	Elizabeth Guyton	5255 S. Tropical Trail	Merritt Isl., FL 32952
VP	Elizabeth Guyton	"	"
S/T	Elizabeth Guyton	"	"
		REINSTATEMENT	

B 4/10/04
94-04

10. I certify that I am an officer or director or the receivor 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 contained in Chapter 119, 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: E.R. Guyton ELIZABETH GUYTON 4.3.06 321.452.7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #