CORPORATION REINSTATEMENT REINSTATEMENT POINTSON OF CORPORTIONS FLORIDA DEPARTMENT OF STATE Secretary of State DISCUMENT # P94 0000039AT I. Corporation mans PAUL ACKS Chel + Son, Inc. 2. Principal Once Address - Ho PO. BOY I. Song Address - Ho PO. BOY I. Song Once Address - Ho PO. BOY I. Song Once Address - Ho PO. BOY I. Song Address - Ho PO. BOY I. Song Address - Ho PO. BOY I. Song Once Address - Ho PO. BOY I. Song Address - Ho PO. BOY I. Mang Address - Ho PO. I. Mang Address - Ho PO.		COMPLETING THIS FORM.
$\frac{1}{120000000000000000000000000000000000$	REINSTATEMENT Secretary of State	FRED
2. Principal Office Address - No P.O. Box # 3. Making Office Address 1576 Ceoling St. Street Address - No P.O. Box # 1576 Ceoling St. Sude, Apt. #, etc. Sude, Apt. #, etc. Sude, Apt. #, etc. Caly & State Caly & State Mallbourne FEI Number Mallbourne FEI Number State Cauntry Zip Country 32935 Breubourne Provaria 32935 Breubourne Street Address of Current Registered Agent Name State Name and Address of Current Registered Agent Name State State Cap Country State State State State State Cauntry		SECRETARIE OF STATE
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1576 Cooling St. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Malbour File FL Mailing Office Address Suite, Apt. #, etc. City & State City & State Malbour File FL Mail bour File FL Zip Country 32935 Bro Uarto Age and Address of Current Registered Agent Name Street Address of Current Registered Agent Name Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address of Streub JONAL BOUT File FL Street Address (P.O. Box Number is Not Acceptable) Street Street Address (P.O. Box Number is Not Acceptable) Street Address of Streub Suite, Apt. #, Etc. State Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names und Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Otherers and/or Director (Florida nonprofil corporations must list at least 3 directors)	Paul Horschel + Son, Inc.	
1576 Cooling St. 1576 Cooling St. CR2081 (11/10) Suite, Apl. #, etc. Suite, Apl. #, etc. 4. One incorporate or Cualified To Do Business in Florida 01/14/1994/ City & State City & State FL Malbourney FL Malbourney FL Mulbourney FL Appleadro Zip Country Zip Country 5. FEI Number Appleadro 7. Name and Address of Current Registered Agent Not Applicable 6. CertificAte or Status Desided 37.7 Additional Feo required for a Certificate of Status Name Suite, Apt. #, Etc. State Zip Code State Zip Code Suite, Apt. #, Etc. Do Suite Differ and/or Director FLUE State Zip Code State Zip Code Suite, Apt. #, Etc. DO Son Number is Not Acceptuble) State Zip Code State Zip Code Suite, Apt. #, Etc. DO Son Number is Not Acceptuble) State Zip Code Date State Zip Code City Mol Epolitical 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 Registeried Agent		3000€13748433 05/21/1801040022 ++750.00
City & State City & State City & State OT 19 (1) Applied For Mol bourne FL Mul bourne FL S. FEI Number S. FEI Number Zip Country Zip Country S. FEI Number S. FEI Number S. FEI Number 32435 Brouron 32435 Breuor Breuor S. FEI Number S. FEI Number S. FEI Number 7. Name and Address of Current Registered Agent S. FEI Number is Not Acceptable) S. Fei Number is Not Accept	1576 Cooling St. 1576 Cooling St.	
Zip Country Zip Country 6. Certificate of status desired 32935 Breubaro 6. Certificate of status desired \$8.75 Additional Fee required tor a Certificate of Status 7. Name and Address of Current Registered Agent 6. Certificate of Status \$8.75 Additional Fee required tor a Certificate of Status Name Society G. Colombo 6. Certificate of Status Street Address (P.O. Box Number is Not Acceptable) 30.00 W. East Gallie 8.1 VO. Suite. Apt. #. Etc. Bob State Zip Code FL 32935 State Zip Code Manue and Street Addresses of Each Officer and/or Director REGISTERED AGENT MUST SIGN Date 5/16/1/8 9. Names and Street Addresses of Each Officer and/or Directors Street Address of Each City / State / Zip Titles Officers and/or Directors Street Address of Each City / State / Zip		
7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JODO W. Eau Galle BlvØ. Stitle, Apt. #, Etc. Suite, Apt. #, Etc. Suite, IDG City Mail boothee B. 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 Registered Agent Registered Agent Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name of Officer and/or Directors Street Address of Each Officers and/or Directors	Zip Country Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
Street Address (P.O. Box Number is Not Acceptable) JONO W. Eau Gallie BlvO. Suite. Apt. #, Etc. Suite. IDG City Mall Bouth All B. 1, 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 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officer and/or Director is Officers and/or Directories Street Address of Each Officer and/or Director is		
JONO W. Eau Gallie BIVO. Suite. Apt. #, Etc. Suite. Apt. #, Etc. Butter 106 City Malbouthe FL 32935 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 Registered Agent Date Signature of Registered Agent Reclistered Agent Date Signature of Registered Agent Reclistered Agent Reclistered Agent Reclistered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director	Joseph G. Colombo	
Surfe IO6 City State Zip Code Molbourne FL 32935 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 Signature of Registered Agent	2020 W. Eau Gallie Blvd.	
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	City State 106	
Signature of Registered Agent Date 5/16/18 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 0 Titles Name of Officers and/or Directors 0		5
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	Signature of Registered Agent	11/18
Trues Officers and/or Directors Officer and/or Director City / State / Zip		
P Paul A. Horschie (1576 Cooling St. Molbourne, FL 32935 VP John Paul Laneuville 1576 Cooling St. Melbourne, FL 32935		
VP John Paul Laneuville 1576 Cooling St. Melbourne, FL32935	P Paul A. Horschie (1576 Cooling	St. Molbourne, FL 32935
	VP John Paul Laneuville 1576 Cooling	St. Melbourne, FL32935
^{10.} E-mail Address: <u>Colombolaw@mommascolombo.com</u>		
11. Lectury that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. Hutter 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 information indicated on this application is true and accurate, and my signature shall have the same legal effect as	 I certify that I am an officer or director or the receiver or trustee empowered to execute this application reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies 	n as provided for in chapter 607 or 517, F.S. I further certify that when filing this the requirements of section 607,0401 or 617,0401, F.S., and that all fees
once by the corporation have occur paid, in which contany, the information indicated on this approximation is the and accurate, and my signature shall have the same legal effect as		
If made under oath 1 am aware that false information submitted in a document of be Department of State constitutes a tird dypree felony as provided for in s.817, 155, F.S. SIGNATURE: Poul R. HOROCHOL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NONPOF SIGNING FFFER OR BOGGAR	if made under oath 1 am aware that false information submitted in a document of St SIGNATURE: Paul R. Horoche	5/16/18 221-427-3292
if made under oath Lam aware that false information submitted in a document of be Department of State constitutes a tird digree felony as provided for in s.817, 155, F.S. SIGNATURE: POUR, HOROCHOL	if made under oath. I am aware that false information submitted in a documeption the Department of St	5/16/18 221-427-3292