PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETAIN OF STATE TALLAHASSEE, FLORIDA BEACHES Lick Etly of Northwest Florida Science Address Florida Florida Florida Science Address Florida Florid	FELMOL READ A	2,110,1100,701,11	4			
SECRETARY OF STATE TALLAHASSEE, FLORIDA BEACHES Lock & Kley of Northwest FLORIDA FLORIDA, Inc. 1. Principal Office Address FLORIDA, Inc. 2. Maining Office Address FLORIDA SAME Suite, Apt. #, etc. 4. Date incorporated or Curalified To be Business in Fords 2/24/A94 Applied F. Branda C. K. Bel, FL Cony & State S. FE Number For STATUS DESIRED Applied F. Ocentry To be Business in Fords To be Business To be Busin	CORPORATION ()	Katherine Harris Secretary of State				
SECRETAIN OF STATE TALLAHASSEE, FLORIDA BEACHES Lick Etly of Northwest Florida Science Address Florida Florida Florida Science Address Florida Florid	OCUMENT # P9400					
BEACHES LICK TRUGOT NOTHWEST FLORIDA, Inc. 3. Mining Office Address GRADA FRONT DEACH B. Suite. Apt. #, etc. 3. Mining Office Address Suite. Apt. #, etc. 4. Date Incorporated or Qualified To be Business in Florida 2/24/994 Applied F. 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 18.13 Address of Current Registered Agent Name 1. NDA LANC Stringt Address (P.O. Box Number is Not Acceptable) 5. FLE Number 7. Name and Address of Current Registered Agent 8. Libeing appointed the registered agent of the above named corporation, em familiar with and accept the obligations of section 807 0605 or BIT 0500, F.B. Signature of Registered Agent Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must let at least 3 directors) Titles Officers and/or Directors DP LINDA LANC 9. Names of Officer and/or Director (Florida nonprofit corporations must let at least 3 directors) City / State / Zip Carrent Registered Agent City / State / Zip Carrent Registered Agent City / State / Zip City / Sta	Corporation Name -	SEC	RETARY OF STA	TE		
A. Date Incorporated or Cubiffee Same Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Cubiffee 2/24/A94 A. Date Incorporated 2/24/A94 A. Date Incorp	BEACHES Lock & K	got Northwest	TALI	AHASSEE, FLOI	RIDA	
A. Date Incorporated or Cubiffee Same Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Cubiffee 2/24/A94 A. Date Incorporated 2/24/A94 A. Date Incorp	FLORIDA, Inc.	800	0046590	6985		
Same Solite. Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 2/24/894 Applied For Do Business in Florida 2/24/894 Applied For Same Shame Solite. Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 2/24/894 Applied For Same Shame Shame Country Applied For Same To Same Shame Country To Name and Address of Countrin Registered Agent Name Subject Address (P.O. Box Number is Not Acceptable) Registered Agent Registered Agent Agent Address of Each Officer and/or Director (Platida nonprofit corporations must let at least 3 directors) Name of Officers and/or Directors Officer and/or Directors Death Officers and/or Directors Officer and/or Directors Death Officer and/or Directors Death Officers Agent Political Political Death Officer and/or Directors Death Officers Agent Political Death Officer Agent Political De	Principal Office Address	3. Mailing Office Address		-10/30/0101	1085803	
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State Angle	e, Apt. #, etc.	juite, Apt. #. etc.		ualified 2/24	1994	
Titles Country Coun	State	·	5. FEI Number		Applied For	
7. Name and Address of Current Registered Agent Name 1. Name Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suita, Apt. 6, Etc. Suita, Apt. 6, Etc. State State	AMAMACING DCI, PL		6	\$0.7E A.44	Not Applicable	
Street Addresses (P.O. Box Number is Not Acceptable) Suite, Apt. 6, Etc. - City PANAMA CAU BRAIN FL State - City PANAMA CAU BRAIN - FL SAYON - Bright and accept the obligations of section 607.0503 or 817.0503, F.S. - Signature of Registered Agent - REGISTERED AGENT MUST SIGN - PANAME and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lest at least 3 directors) - Titles - Officers and/or Directors - Officers and/or Directors - Officer and/or Director	12407 USA	SAME	CERTIFICATE OF STATUS			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Panama Culq Boh F137	Suite, Apt. #, Etc. City PMAMA I. being appointed the registered agent of the above anature of gristered Agent RE	named corporation, em familiar with and accept the	obligations of section 607.050	32407 5 or 817.0503, F.S.	JOO J	
OP LINDA LANE 9202 FRONT Boh Rd PANAMA Coly Boh Fi32	the empty	Street Address of Ea	ich ·	City / State / Zip		
TO THE PROPERTY OF THE PARTY OF	Oncers and/or Directors			ma Cule Bob	, FL32407	
RESETATEMENT DO-C			REMESTA	ENEMI	70-01.	
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10. 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 fit 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 fe 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date	this reinstatement application, the reason for distorted by the corporation have been paid and the on this application is true and accurate, and my second and the second accurate and my second accurate.	into nas been entrinated, the objects term of an arms of individuals listed on this form do not qualify mature shall have the same legal effect as if made un	for an exemption under section	r 617, F.S. I further certify 607,0401 or 617,0401. F 119,07(3)(i), F.S. The info	that when filing S., that all fees ormation indicated	