PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE ICATION. San<u>dr</u>a B. Mortham FILED 98 APR -3 PM 12: 25 DOCUMENT # P94000029011 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA *C&S Enterprise Principal Place of Business 1970 McCall Road S Englewood, FL 34224 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 1970 McCall Road S 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida April 15, 1994 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For City & State
Englewood, FL City & State 65-0568398 Not Applicable \$8.75. Additional Fee required Country Country Charlotte 34224 CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must fist at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors Title(s) City / State / Zip Englewood, FL 34224 1970 McCall Road S PDS Sara Sanner -04/20/98--01012--029 ****155.00 ****111.25 REINSTATEMENT ***1088.75 ***1088.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name David A. Dunkin James H. Thompson ddress (P.O. Box Number is Not Acceptable 260 W. Dearborn Street Englewood, FL 34223 Suite, Apt. #, Etc. Zip Code Englewood 34223 10. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of X Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for Information Dept. of Revenue under S. 199.032, Florida Statutes. 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 filling this reinstatement application, the masson 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 flave the same legal effect as if made under oath. ama SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Sara Sanner (formerly known as