PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| City & State City & State City & State City & State Winter Haven FL Zip Country Country Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 7 12 994 Applied For Not Applied For Not Applied For Not Applicable | | | | |
|--|---|----------------------------|--|--|
| 2. Principal Office Address - No P.O. Box # 101 CypreSS Gardens Blwd POBOX + 433 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Winter Haven FL Winter Haven FL 5, FE Number 100 behaviors in Florida 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Samuel W Fortlock At State Suite, Apt. #, Etc. City State Winter Haven FL 5, FE Number 100 behaviors in Florida To be b | (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Secretary of State | , | |
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| Suite, Apt. #, etc. City & State Winter Haven FL Zip 33880 Country 35, FEI Number 59, | | 1 O ÷ | T REINSTATEMENT | |
| City & State Winter Haven FL Winter Haven FL Winter Haven FL 2p 33880 Country 33882 Country 33882 Country 7. Name and Address of Current Registered Agent Name Street Address of Each Officer and/or Director Tiles Minter Haven FL Street Addresses of Each Officer and/or Director Tiles Officers and For Plack Ioi Cypress and Acceptable Minter Haven FL Street Addresses of Each Officer and/or Director Tiles Officers and/or Director Officer and/or Dir | · · · · · · · · · · · · · · · · · · · | 1000, | CR2E081 (12/07) 1998-200 | |
| City & Sales Winter Haven FL Vinter Ha | | , Cano, 1 ps. 7, ste. | | |
| 29 33880 Country 33882 Country 33882 Country 33882 Country 4 CERTIFICATE OF STATUS DESIRED 3375 Additional File required for a Certificate of Status 7. Name and Address of Current Registered Agent Name Samuel W Fortlock Aft Street Address (P.O. Box Number is Not Acopptable) Street Address (P.O. Box Number is Not Acopptable) Subset, Apt. #. Etc. City Interview of the acopptable of | City & Slate Winter Haven FL | | 5. FEI Number Applied For | |
| Name Sanuel W Fortlock FF Street Address (R.O. Box Number is Not Acceptable) Street Address of Each Officer and/or Director | | Zip Country | 6. SERVICIONE OF STATUS DECIDED \$8.75 Additional Fee required | |
| Street Address (2.0 Box Number is Not Acceptable) Street Address (2.0 Box Number is Not Acceptable) Street Address (2.0 Box Number is Not Acceptable) Suite, Apt. F. Etc. City PCSS Gardens BLVD Suite, Apt. F. Etc. City Number of Agent of the above named.cooperation, am familiar with and accept the obligations of section 607.0503 F.S. Signature of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors Name | 7. Name and Address o | f Current Registered Agent | | |
| Street Address (Co. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Winter Have State Zip Code 8. 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director Officers and/or Directors Officers a | | | | |
| State Zip Code FL 33880 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 MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) DIPS Frank Fortlock IOI Gypress Gardens Blvd Winter Havenfu 33880 OP Samuel Wortlock IOI Cypress Gardens Blvd Winter thavenfu 33880 EQUID 1 18937286 02/27/0801030011 **1650.00 10. L'certify that I am an officer or director or the receives e-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 reason for dissofution 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 Individualisation of this form on or qualify for an exemption contained in Chapter 119, F.S. The Information indicated | Street Address (P.O. Box Number is Not Acceptable) 101 Cypress Gardens Blvd | | the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement | |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN 1. 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 Directors Other Havenft 33880 DP Samuel Worthack Iol Cypress Gardens Blvd Winter Havenft 33880 OP Samuel Worthack Iol Cypress Gardens Blvd Winter Havenft 33880 10. I certify that I am an officer or director or the receiver-ensustee 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, F.S., that all fees owned by the corporation have been paid and the names of individuals listed on this form do not his | City \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | | | |
| Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/ | Signature of Registered Agent Date 219 08 | | | |
| DPS Frank Portlock 101 Cypress Jardens Blvd Winter Haven FL 33880 DP Samuel WPortlock 101 Cypress Jardens Blvd Winter Haven FL 33880 DP Samuel WPortlock 101 Cypress Jardens Blvd Winter Haven FL 33880 EDIO 1 1 8 9 8 7 2 8 6 02/27/08 - 01030 - 011 **1650.00 10. I certify that I am an officer or director or the receiver-entrustee 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 | 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
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| SIGNATURE:X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone # | | | | |