PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham (i) (ii) FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 SEP -4 Pi 2: 04 P940000 63480 **DOCUMENT #** 1. Corporation Name SECTO PORT STATE
TALLARYSSE TO CONDA U.S. 192, Inc. Principal Place of Business Mailing Address **400002634854**--6 If above addresses are incorrect in any way, line through incorrect information and enter correction below. \*\*\*\*900.0**0** \*\*\*\*900.00 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 1216 E. Concord Street Suite, Apt. #, etc. same 8/29/94 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Orlando, FL. 59-3263373 Not Applicable \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 32803 for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 1216 E. Concord Street Orlando, FL 32803 DP Mark I. Gibson EU o o, Fu 322 3 DTJames W. Reed 1216 E. Concord Street Orlando, FL 32803 DS Gerard Klauder 1216 E. Concord Street Orlando, FL 32803 REINSTATEME 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Kay Archer Theodore D. Estes, Esquire 14 E. Washington Street Street Address (P.O. Box Number is Not Acceptable) Suite 602 28 West Central Blvd., Suite, Apt. #, Etc. Orlando, FL 32801 Suite 260 Zip Code 32801 Orlando 10. I, being appointed the the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent \_ EGID TERED AGENT MUST SIGN This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 🗹 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 reinstalement 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR