PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS

1. Corporat		T# P9400 CT, INC.	000686	95		9	7 OCT 30 PM	2:39 untn 10/30	
2175 KINGSLEY AVENUE 2175 STE. 208 STE.			2175 KINGSL STE. 208 ORANGE PAI	RANKIE PARK FL 32073					
				ncorrect information and enter correction below: New Malling Office Address, If Applicable			orated or Qualified ness in Florida	09/16/1994	
City & State City				ity & State			5. FEI Number 59-3267774 Applied For Not Applicable 6.		
Zip		Country	Zip		Country		OF STATUS DESIRED 🔼	\$8.75 Additional Fee required for a Certificate of Status	
7. Names e	and Street Ad	dresses of Each Officer and	d/or Director (Flor	rida nonprol	it corporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			3 (D	Street Address of Each Officer and/or Director o NOT Use Post Office Box N	l Numbers)	Ci	ty / State / Zip	
OP (C)	FREVE, ROBERT				OLLING-AB 2193 W WORK PARK, FL				
DVS	ZEMBER, FRANK			Orange Park, EL 32073 6759 Perriwinkie Dr.			UNCHOOMINELE IE SEE 10		
D Zawis, Chris				4759 Perriwinkle Jacksonville, FL					
						90		368898 01159010 75 ****758,75	
R Name and Address of Coursel Decisional Annual						9 Name and 4	Address of New Regist	ered Agent	
8. Name and Address of Current Registered Agent Name J. HOWARD SHEFFIELD, P.A. 4209 BAYMEADOWS RD						ess (P.O. Box Number is Not Acceptable)			
SUITE 4 JACKSONVILLE FL 32217						Etc.			
$\bigcap_{\alpha} A A \bigcap_{\beta} A A \bigcap_{\alpha} A A \bigcap_{\beta} A A A \bigcap_{\alpha} A A \bigcap_{\beta} A A A \bigcap_{\alpha} A A A A A A A A A A A A A A A A A A A$					City State Zip Code FL State Label State FL Stat				
Signature of Registered	appointed the Agent	X IV JACK	ove named corpo		·	Digations of Section	on 607.0505, F.S. Date 1028	-97	
11. Thi		ration owes or h					(See oth	er side for information	

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 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 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.

Yes 🛛

No

SIGNATURE:

SIGNATURE AND TYPED OF RINTE) NAME OF SIGNING OFFICER OR DIRECTOR

Intangible Personal Property tax due June 30.

10/28/97 (904) 272 -0525

(See other side for information

on Intangible tax.)