PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 13 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800254709098

CR2E081 (11/10)

DOCUMENT # P94000091120

1. Corporation Name

SEMPER FI, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6650 W. Indiantown Road	6650 W. Indiantown Road
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/1994

5. FEI Number: 65-0653389 — [x] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Scott Kramer

Street Address (P.O. Box Number is Not Acceptable): 6650 W. Indiantown Road

Suite, Apt. #, Etc.: Suite 200

City: Jupiter State: FL Zip Code: 33458

REINSTATEMENT

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 _____ Date 12/13/13

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Scott Kramer	6650 W. Indiantown Road, Suite 200	Jupiter, FL 33458
VP	William A. Fleck	6650 W. Indiantown Road, Suite 200	Jupiter, FL 33458
S	Thomas J. Ali	6650 W. Indiantown Road, Suite 200	Jupiter, FL 33458

DEC 13 2013
M. WILLIAMS

10. E-mail Address: skramer@jupiterlegaladvocates.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Scott Kramer 12/13/13 561-748-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 922313 82361A

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : December 13, 2013

ORDER TIME : 2:30 PM

ORDER NO. : 922313-005

CUSTOMER NO: 82361A

DOMESTIC FILINGS

RECEIVED
13 DEC 13 PM 4:16
OFFICE OF SECRETARY OF STATE

NAME: SEMPER FI, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - Ext# 52920

EXAMINER'S INITIALS _____