PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 90 (59 22 ) 11 (0: 50 DOCUMENT # DECOOPILIE EHIE Corporation of America Mailing Addres Principal Place of Business HEINSTATEMENTOG GG 2820 Butler Pay Drive North Windermere FL If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.

At 1/3

City & State 2520 Butler Bry Drive N. Suite, Apt \* etc. March Applied For City & State Arling(101) Windermere 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Streel Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

2820 Box Her Box Dilve Name of Officers Title(s) Windermere /F 1 /34786 Terrie Magarino P/T/5 Windermere 182134186 J.R Sanchezmore that -n2/24/99--01093~-021 \*\*\*1208.75 \*\*\*1208.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Teme Magarino 2820 Butler Bay Drive North Windermere florida 34786 Street Address (P.O. Box Number is Not Acceptable Suite Apt # Etc State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent This corporation owes the current year Intangible Personal Property Tax due June 30. 12. Learlify that Lam 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 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.