PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 12/16 98 MAY -4 AM 11: 28 presidential SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 500 5. OCPAN BIVD #805 a Radon FL 33432 PATEMENT 90-98 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zin Country CERTIFICATE OF STATUS DESIRED 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 5. OCP(11) BP. 805 ores. 100002520801--7 -05/12/98--01087--001 ***1050.00 ***1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. I, being appointed the registered agent of the above named corporation, am familiar with and Signature of Registered Agent REGISTEREDAGENT MUST SIGN Date 4-3-98 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes 🗀 No L on intangible tax.) 12.1 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 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 acquirate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #