PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED JWBIOCK 10 Jec Consulting Samuer, Eve DOCUMENT # 00 JAN -3 PM 1:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4651 BABCOCK STAR Ro. Box/20069 west Melbourne, FC PALM BAY FL 3290 32912-0069 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 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For ty & State City & State Not Applicable Zip \$8.75 Additional Fee required Country Zιρ Country 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) and/or Directors City / State / Zip John W. Blacklage 4651 BABCOCK ST FRANCES Blacklage 4651 BABCOCK ST Palm Bay FL 100003099201--9 -01/14/00--01076--006 ****900.00--****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name John W BLACKGIN Street Address (P.O. Box Number is Not Acceptable) 4651 BABCOCK ST Suite, Apt. #, Etc. Polm Boy FL 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 REGISTERED AGENT MUST SIGN 11. This comporation owes the current year (See other side for information Intangible Personal Property Tax due June 30. on intangible tax.) 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

2. 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.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ 4 27/19 34 953 6875

Date Daytime Phone #