PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL -8 AM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047369

1. Corporation Name
SHENANDOAH GROUP, INC.

400039358444
07/21/04--01005--024 **300.00

2. Principal Office Address	**3.** Mailing Office Address
5505 N. Atlantic Avenue	5505 N. Atlantic Avenue
Suite, Apt. #, etc.: Suite 115	Suite, Apt. #, etc.: Suite 115
City & State: Cocoa Beach, Florida	City & State: Cocoa Beach, Florida
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 06/15/1995

5. FEI Number 59-3362743 ☐ 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: James Kincaid

Street Address (P.O. Box Number is Not Acceptable): 5505 N Atlantic Ave.

Suite, Apt. #, Etc.: #115

REINSTATEMENT

City: Cocoa Beach State: FL Zip Code: 32955

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: James Kincaid
REGISTERED AGENT MUST SIGN

Date 7/6/04

CR2E081 (01/04)

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
VP/D	Thomas J. McMullen, Jr.	2109 E. Palm Avenue, Suite 206	Tampa, Florida 33605
P/D	Michael McPhillips	5505 N. Atlantic Avenue, Suite 115	Cocoa Beach, Florida 32931
VP/D	James Kincaid	5505 N. Atlantic Avenue, Suite 115	Cocoa Beach, Florida 32931
VP/D	Jacqueline McPhillips	5505 N. Atlantic Avenue, Suite 115	Cocoa Beach, Florida 32931

10. 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: James Kincaid 7/6/04 (321) 799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #