PLEASE REA	ALL INS	RUCTIONS	BEFORE C	COMPLETI	ING THIS FO	DRM.			
APPLICATION FOR	A DEPARTME Sandra B. Mo Secretary of S	NT OF STATE	APPROVED AND FILED						
REINSTATEMENT DIVISION OF CORPORATIONS						v ars C	o. 99		
DOCUMENT # PAGOODEEDG				98 NOV -9 AM 8: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Casselberry Alliance Corporation					TALLAHASS	EE, FLC	ÖRÍDA		
Principal Place of Business	ress								
Brandon, FL 33510					TATEM	ENT	98		
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable		ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified				
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			To Do Business in Florida 11/14/95 5. FEI Number				
City & State	City & State	<u></u>		5. FEI Number Applied For Not Applied For Not Applicable					
Zip Country	Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				ed	
7. Names and Street Addresses of Each Officer a	nd/or Director (Flo	,							
Title(s) Name of Officers and/or Directors		Str Of 3 (Do NOT U	eet Address of Each ficer and/or Director se Post Öffice Box N	lumbers)	4	City / State	/ Zip		
P Alan S. Murphy, Jr.		110 Summ	erfield Way	У	Brandon, FL 33510				
D Sherrill A. Davis		110 Summ	erfield Way	Brandon, FL 33510					
	3000268 7 54 			5432 1002-011- ****758.75	-				
	<u></u>		·			B	11-12-018	-	
Name and Address of Current Registered Agent Name				Name and Address of New Registered Agent					
K. Ronald Schroeder 110 Summerfield Way			Street Address (P	crill A T O Box Number Summerfic)avis s Not Acceptable) eld Way		<u> </u>	R2E040 (1/98)	
Brandon, FL 33510		Suite, Apt. # Etc.	·		 _	-18			
	,		^{City} Bran	ndon		State 2	^{ip} 33510	1	
10. 1, being appointed the registered agent of the Signature of Registered Agent	4- D	pration, am familiar wi	th and accept the ob	oligations of Section		6/98			
11. This corporation owes or Intangible Personal Prope	nas paid th	e current yea	ar Yes 🔲	No 🖸		other side fo on intangibl	r information e tax.)	_	
12. I certify that I am an officer or director or the rethis reInstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	solution has been e names of individ	eliminated, the corporals listed on this form	rate name satisfies to do not qualify for a act as if made under	the requirements on exemption under onth.	of section 607.0401 o er section 119.07(3)(i	r 617.0401,), F.S. The	F.S., that all fees		
SIGNATURE AND TYPED OR F	RINTED NAME OF			1.ATS T	Date (C		e Phone #		