PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING TH THIS FORM. FLORIDA DEPARTMENT OF STATE 01 APR 24 AM 11: 30 **CCRPORATION** Katherine Harris REINSTATEMENT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA **DIVISION OF CORPORATIONS** 3. Mailing Office Address Principal Office Address 26826 Morgan Kun Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For illesticke Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. d agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617 Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Hexander 136826 moraun RUN : Westlake OH 44145 3415 W. HINSBOROUGH AVE. TAMPA, FI 3361 12110 Helleri Hollow AllPharetta, CA 3020 800004192308---05/10/01--01017--005 ***1050.00 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR