PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 2002 8:00 A.M.
Secretary of State

DOCUMENT # P96000041812

1. Corporation Name

NATIONAL RETIREMENT DEVELOPMENT COMPANY

100005183041--1
-04/02/02--01043--009
****750.00 ****750.00

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
714 SE 22ND AVE.	714 SE 22ND AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650666565 ☐ 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: TIM D. HAINES

100005183041--1
-04/02/02--01043--010
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 125 NE FIRST AVENUE

Suite, Apt. #, Etc.: SUITE 1

City: OCALA State: FL Zip Code: 34470

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: _____ REGISTERED AGENT MUST SIGN Date: 3-21-02

CR2E031 (9/00)

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
P	RADICE, ARTHUR	714 SE 22ND AVE.	OCALA, FL 34471
SVP	RADICE, BETTY	714 SE 22ND AVE.	OCALA, FL 34471
		100005183041--1 -04/02/02--01043--011	******8.75 ******8.75

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: Arthur Radice 3-21-02 (352) 620-9842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 489046 9666A

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : March 22, 2002

ORDER TIME : 10:55 AM

ORDER NO. : 489046-005

CUSTOMER NO: 9666A

RESUBMIT
Please give original submission date as file date.

CUSTOMER: Tim Haines, Esq
Hart & Gray
125 Ne First Avenue
Suite 1
Ocala, FL 34470-6675

DOMESTIC FILINGS

NAME: NATIONAL RETIREMENT DEVELOPMENT COMPANY

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

RECEIVED
02 MAR 26 AM 8:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA