PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT #1 98 MAR 12 PM 3: 05 SECRETARY OF STATE TALLAHASSEE. FLORIDA STATEMENT 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 299 W. Suneise Date Incorporated or Qualified To Do Business in Florida 299 6299 W. Apt. #, etc. WITE 5. FEI Number Applied For City & State City & State Not Applicable UNPISE \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status USA 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) and/or Directors City / State / Zip 6845 LANDINGS P J Den ****900.00 ****900. nn 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent ENNETH Box Number is Not Acceptable) ANDINGS Suite, Apt. #, Etc. State Zip Code AUDERHILL 10. It 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 corporation owes or has paid the current year (See other side for information Yes 🛛 Intangible Personal Property tax due June 30. No L 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 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 path. SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR