PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DOCUMENT # PQ 6 000 7 8 8 7 6 1. Corporation Name C & C OF Palm Coast, Inc. 2. Principal Office Address - No P.O. Box # 2. Mailing Office Address 1 000 Palm Coast, Inc. 2. Principal Office Address - No P.O. Box # 2. Mailing Office Address 1 000 Palm Coast F 2 Suite, Apt. #, etc. 4. Data incorporated or Qualified P 2 3 - 1990 City & State City & State Country Country Country Country Country Country Country Country The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	CORPORATION FLORIDA DEPARTMENT OF STATE	FUED
1. Corporation Name C & G O F Palm Coast, Inc. 2. Principal Office Address - No P.O. Box 8 I COO Palm Coast P. 2801 S. Nova Rud Souths, Apt. 8, etc. 4. Date incorporated or Chasilited Q - 23 - 1946 To Do Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortists Q - 23 - 1946 To Business in Fortist	REINSTATEMENT Secretary of State	08 OCT -6 PM 1: 17
2. Principal Office Address - No P.O. Box # 2. Mailing Office Address	1. Corporation Name	TALLAHASSEE, FLORIDA
Suite, Apt. 8, etc. Control Suite Apt. 8, etc.	G&GO+ Palm Coast, Inc.	
City & State City & State Country Co	1000 Palm Cocot Phy 2801 S. Nova Rind) CR2E081 (10/08)
S. FEI Number Applied For Not Applied For		
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Street Agent 8. 1, 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 RECISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) RECISTERED AGENT MUST SIGN RECISTERED AGENT MUST SIGN Part Orange, 77.331 REINSTATEMENT REINSTATEMENT RECISTERED AGENT MUST SIGN REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT	Palm Coast FI South Datton FI	
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Sute, Apt. #, Etc. State Zip Code FL 32 19 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 Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Registered R	Zip Country Zip Country 32137 (S) 32119 Country	6 10.75
Street Addresses (P.O. Box Number Is Not Acceptable) Suita, Apt. #, Etc. Suita, Apt. #, Etc		V
Street Address (P.O. Box Number is Not Acceptable) Suita, Apt. #, Etc. Suita, Apt. #, Etc. State Zip Code FL Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Suita, Apt. #, Etc. State Zip Code FL Zip Code Signature of, Registered Agent Age	Dale E. Martia	77
Suita, Apt. #, Etc. City Out 1 Day 1 State 32 Dode S. 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip Phi Chael G. Morris (2058 Rad Stag Dr. Part Orange, Flag) REINSTATEMENT REINSTATEMENT REGISTERED AGENT MUST SIGN Part Orange, Flag) REINSTATEMENT 10/06/08 01041 093 ***390.00	Street Address (P.O. Box Number is Not Acceptable)	the prior notices. By checking this box, you
State Zip Code Get	Sulte, Apt. #, Etc.	received and requesting the reinstatement
Signature of Registered Agent Registered Address of Each Officer and Forcing Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Address of Each Officer and Forcing Registered Agent Registered Agent Registered Agent Registered Address of Each Of		tee be waived.
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) Titles Name of Officers and/or Directors Part Orange, FC33L VP Dale E. Martin 28018. Was known at high part orange, FC33L REINSTATEMENT Date 47.50708 City / State / Zip REINSTATEMENT Date 47.50708 City / State / Zip REINSTATEMENT Date 47.50708 City / State / Zip ROMAN AND AND AND AND AND AND AND AND AND A	COUTH CAILOR FLIGHT	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tities Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Phichael G. Morris Loss Rad Stag Dr. Part Orange, TC33L VP Dale E. Martin 28018. Was Ruad South Journal TC33L RH SD013660815 REINSTATEMENT	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-	Digations of section 607.0505 or 617.0503, F.S.
P Michael G. Morris 6058 Ral Stag Dr. Part Orange, FL3211 VP Dale E. Martin 28018. Nova Ruad South Daytora, FL3211 RH 500136660815 1070608-01041-003 ***300.00	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of, Registered Agent	
RH \$50,0136660815 REINSTATEMENT 10700000000000000000000000000000000000	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN	Date 9/30/08
RH \$50,0136660815 REINSTATEMENT 10700000000000000000000000000000000000	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- 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 lease to the corporation of the corporat	Date 9/30/08
RH 500136660815 REINSTATEMENT 10706 08 - 01041 003 ***300.00	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- 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 lease of Street Address of Each Officers and/or Directors Name of Street Address of Each Officer and/or Directors Officers and/or Directors	Date 9/30/08 ast 3 directors) City / State / Zip
REINSTATEMENT	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- 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 lease of Street Address of Each Officers and/or Directors Name of Street Address of Each Officer and/or Directors Officers and/or Directors	Date 9/30/08 ast 3 directors) City / State / Zip CADO PORTOGO FL33W
REINSTATEMENT	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the observation of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of the conficer and/or Directors officer and/or Director officer and/or Directors officer and/or Directors officer and/or Director officer and/o	Date 9/30/08 ast 3 directors) City / State / Zip CADO PORTOGO FL33W
10. Locality that I am an officer or director or the morehance trustee empowered to execute this application are provided for in character SO7 or S17. 5.9. I further contify that when filling	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the observation of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of the conficer and/or Directors officer and/or Director officer and/or Directors officer and/or Directors officer and/or Director officer and/o	Date 9/30/08 ast 3 directors) City/State/Zip Cag Dr Part Orange TL32128 Ruad South Dayton FL32119
10. Locality that I am an officer or director or the most are trusted empounded to execute this application as provided for in chanter 507 or 517 5 5 1 further contife that when filling	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent PEGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Street Address of Each Officer and/or Directors Name of Street Address of Each Officer and/or Directors Philadele. Marcis Loss Rals VP Dale E. Martin 28013. Was	Date 9/30/08 ast 3 directors) City/State/Zip Cag Dr Part Orange TL32128 Ruad South Dayton FL32119
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 examption contained in Chapter 119, 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.	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the observation of Registered Agent P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Street Address of Each Officers and/or Directors P. Marne of Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Directors P. Michael G. Morris Loss Ral Street Address of Each Officer and/or Director Officer and/or D	Date 9/30/08 ast 3 directors) City/State/Zip Cag Dr Part Orange TL32128 Ruad South Dayton FL32119
SIGNATURE: 9/30/08 386-527-577	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Street Address of Each Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors REINSTATEMENT 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as a this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies owed by the corporation have been paid and the names of individuals listed on this form do not qualify for	Date 9/30/08 City / State / Zip August 13660815 10766708 01041 003 **300.00 August 200 000 August 200 0000 August 200 000 August 200 000 August 200 0000 Augu