PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION' **Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P960008185 99 MAY -5 PM 2: NH ock AND DECIGSERVICES, WC. Principal Place of Business 917SE14SI If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida City & State \$8.75 Additional Fee required Zip 333(5 CERTIFICATE OF STATUS DESIRED [for a Certificate of Status 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 and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip CHINSON NEIL 15705W23 ST Th Aug 12 33315 600002874426--0 -05/13/99--01108--003 ****900,00 ****900.00 8. Name and Address of Current Registered Agent Name and Address of New Registered Agent CHOSID, KICHARD GI. ESO 1901 W. CAPRELS CREEK RDSTEHOS SI FTLAND, FL 35309-1863 the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S. I, being appointed the registered agent Signature of Registered Agent Date 5-1-49 11. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 12. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther 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 signature shall have the same legal effect as if made under oath . HUTCHINSON 5-1-99 (954) SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR