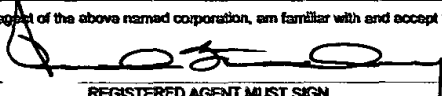
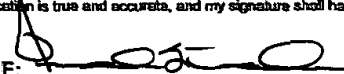


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000085211			
1. Corporation Name LITCHFIELD C/A, INC.			
2. Principal Office Address 747 BRIGHTWATER BLVD NE		3. Mailing Office Address 747 BRIGHTWATERS BLVD NE	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33704	Country U.S.	Zip 33704	Country US.
4. Date incorporated or Qualified To Do Business in Florida 10/14/96		5. FEI Number 593405093	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
53.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name WILLIAM F. STANSBERRY			
Street Address (P.O. Box Number is Not Acceptable) 747 BRIGHTWATERS BLVD. NE.			
Subs. Apt. #, Etc.			
City ST. PETERSBURG		State FL	Zip Code 33704
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  Date 11/26/01			
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	Street Address of Each Officer and/or Director	City / State / Zip
0. PRES	WILLIAM F. STANSBERRY	747 BRIGHTWATERS BLVD NE	ST. PETERSBURG, FL 33704
0. V	SHEILA THURMOND-STANSBERRY	747 BRIGHTWATERS BLVD NE	ST. PETERSBURG, FL 33704
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)(f), 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:  - WILLIAM F. STANSBERRY		Date 11/26/01	Daytime Phone # 727-822-6542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			