PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS!

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 FEB -7 PM 2: 13

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCL	IMENT	# P97000001837
	ו עום ועות	# 297000001837

1. Corporation Name

_	_		•					•			
Aggre	ssive Enterprises	of Florida,	Inco	orporated							
 		3. Mailing Offi 1103	Mailing Office Address 1103 12th Avenue			REINSTATEMENT 201-200					
Suite, Apt. #	, etc.	Suite, Apt. #, et	c.	-		91)				
N/A N/A		N/A				4. Dake Incorporated or Qualified To Do Business in Florida 01/08/1997					
City & State		City & State	*****			·		Jilua VI/U	· · · · · · · · · · · · · · · · · · ·		
Palmetto, FL		Palmeti	Palmetta, FL			5. FEI Number 593418570			Applied For Not Applicable		
Zip	Country	Zip		Country		6.		Sa.	75 Additional		
34221	USA	34221		USA		CERTIFICAT	E OF STATU		or a Certificati		
		7. Na	me and	Address of Current	Registere	Agent	•				
	Name Daniel T. (O'Keefe, Esq	[-			·	200	92/3/2	563	<u></u> って	
	Street Address (P.O. Box Numb	er is Not Acceptable) range Avenu	е					****508.	75 ***	908.75	
	Suite, Apt. #, Etc.	- 								1	
	Suite 1000						T a	7			
	Orlando						FL	Zip Code 32801			
8. I, being	appointed the registered agent of	the above named corpora	ition, an	n familiar with and acc	ept the obl	gations of sec	tion 607.05	05 or 617.0503, F.S	5.		
Signature o Registered	/ //	17.016	RT MUS	ST SIGN		********	Date	2/06/	02		
9. Names	and Street Addresses of Each Off	icer and/or Director (Flori	da nonp	rofit corporations mus	st list at lea	st 3 directors)	-				
Titles	Name of Officers and/or D	rectors		Street Addres Officer and/o		·		City / Sta	ate / Zip	,	
P/T	Lee G. Brown		201	Government	Ave.,	Ste 20	8 Hi	ckory, NC	08602		
VP/S	R. Keith Townse	nd	201	GOvernment	Ave.,	Ste 20	8 H1	ckory, NC	08602		
· ·									,		
	y that I am an officer or director or instatement application, the reason										
4	English and all the first the	and a company of the	ALC 19 4 4	والمراب والمراب والمرابع والمرابع والمرابع				. 440 07/0\/\\ E 0.3	et	_ :::-	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

" بمسيخ	Sunt. Requ	ate los	parel		
		Address			
	City/State/Zip	Phone #			
				Office Use Only	
	CORPORATION N	NAME(S) & DOCU	MENT NUMBER(S), (if k	nown):	
	1. A Q Q Gorpon	essive poration Name) Flori poration Name)	(Document #) Document #)	s of porated	
	3. (Corp	poration Name)	(Document #)	ON REPART	
	(Corp	ooration Name)	(Document #)	10 B 10	
	Walk in	Pick up time		Certified Copy	
	Mail out	☐ Will wait	Photocopy	Certified Copy Certificate of Status	
	NEW FILINGS		<u>AMENDMENTS</u>	39 10 18 10	
	Profit Not for Profit Limited Liabil Domestication Other		Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger	ed Agent	
	OTHER FILINGS	<u> </u>	REGISTRATION/QU	<u>ALIFICATION</u>	
	Annual Report Fictitious Nam		Foreign Limited Partnership Reinstatement Trademark Other) · · · · · · · · · · · · · · · · · · ·	
				Evominar's Initials	•

CR2E031(7/97)