| PLEASE READ  | ALL INSTRUCTIONS                          | PLEASE READ ALL INSTRUCTIONS BEFORE C                                       |  |  |  |
|--|---|---|--|--|--|
| APPLICATION  | FLORIDA DEPARTMEN                         | NT OF STATE   |  |  |  |
| FOR  | Katherine Secretary S                     |   | FILED  |  |  |
| REINSTATEMENT  | DIVISION OF CORPOR                        |   |  |  |  |
| DOCUMENT# PAT  |   |   | Nov 09 1999 8:00 am                              |  |  |
| 1. Corporation Name  |   |   | Secretary of State                               |  |  |
| 1031 Developme   | int Corporation                           | ph  |  |  |  |
| Principal Place of Business Mailing Address  |   |   | č  |  |  |
|  |   |   |  |  |  |
| If above addresses are incorrect in any way, line the  | rough incorrect information and enter     | correction helow.   |  |  |  |
| 2. New Principal Office Address, If Applicable   | 3. New Mailing Office Address, If         | Applicable 4. Date Incorpo  | grated or Qualified<br>less in Florida           |  |  |
| 2809 Cross Landing Lane Suite, Apr. #, etc   | 8809 Cirbss Londin<br>Suite, Apt. #, etc. | 5. FEI Number   | 23/97  |  |  |
| City & State   | uly & State City & State                  |   | Traphed to                                       |  |  |
| KINELVIEW FLA  | Kiverview th                              |   | S8 75. Additional Fee transfer                   |  |  |
| 33569 Country  | 33569 Country                             | S 19. CERTIFICATE   | E OF STATUS DESIRED  for a Certificate of Status |  |  |
| 7. Names and Street Addresses of Each Officer and  | <del></del>                               | ations must list at least 3 directors)                                      |  |  |  |
| Title(s)  Name of Officers and/or Directors  | Of  | eet Address of Each<br>ficer and/or Director<br>se Post Office Box Numbers) | City / State / Zip                               |  |  |
| DIP Richard A. Mills, III 8809 Crass Landin  |   |   | Rivoview, FL, 33569                              |  |  |
| 7 1100100,12,03367   |   |   |  |  |  |
|  |   |   |  |  |  |
|  |   |   | 000030463547                                     |  |  |
|  |   | - 0.4   | ****750.00 ****750.00<br>\$   TC                 |  |  |
| REINSTATEMENT 99 !! 18   |   |   |  |  |  |
|  |   |   |  |  |  |
| 8. Name and Address of Current   | Registered Agent                          |   | Address of New Registered Agent                  |  |  |
| Mills , Richard A  |   | Street Address (P.O. Box Number )   | ress (P.O. Box Number is Not Acceptable)         |  |  |
| 2881 E OAKland   | nack Blud                                 | Suite Ant a Fic   | Landing Lane                                     |  |  |
| 2881 E OAKland park BIVd. 8809 Cross Landing Lane Suite, Api. e. Etc.  Fort Landerdak, FL 33306 Riverview FL 333569  |   |   |  |  |  |
| Fort Landerdak   | FL 33306                                  | Riberview   | State Zip Code<br>FL 33569                       |  |  |
| 10 (, 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 Date 11/1/99  R. Was A Wils TE REGISTERED AGENT MUST SIGN  |   |   |  |  |  |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No No No (See other side for information 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 filling this reinstalement 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 oath. |   |   |  |  |  |
| SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  Description of Printed Name of Signing OFFicer or Director  Date  Description Phone if   |   |   |  |  |  |