

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300033438913
04/21/04--01048--003 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 5-28-97

5. FEI Number 59-3443391
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Arlene Carolyn Craft
Street Address (P.O. Box Number is Not Acceptable)
1150 Carmel Circle #502
Suite, Apt. #, Etc.
City Casselberry
State FL Zip Code 32707

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

Arlene Carolyn Craft

Date

4/19/04

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
Pres.	Arlene Carolyn Craft	1150 Carmel Cir #502	Casselberry FL 32707

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)(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:

Arlene Carolyn Craft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARLENE CAROLYN CRAFT

Date

4/19/04 407-513-6098

Daytime Phone #