PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 11 AM 8:03

DOCUMENT # P97000037708

1. Corporation Name

Navron Corporation.

REINSTATEMENT 98-00

2. Principal Office Address	**3.** Mailing Office Address
914 Curlew Rd	P.O. Box 2530
Suite, Apt. #, etc. # 333	Suite, Apt. #, etc.
City & State Dunedin FL	City & State Muscle Shoals AL
Zip 34698 Country USA	Zip 35662 Country USA

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

5. FEI Number 59-3454167 ☐ 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: CT Corporation

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-09/27/00--01072--004
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 8/1/00

CR2E081 (9/99)

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
P	O.B. Miley	701 Tennessee River Dr.	Muscle Shoals AL 35661
VP	Jim Reed	701 Tennessee River Dr.	Muscle Shoals AL 35661
VP	TC Shook	701 Tennessee River Dr.	Muscle Shoals AL 35661
VP	Beverly Peebles	701 Tennessee River Dr.	Muscle Shoals AL 35661
S/T	Anita Watkins	701 Tennessee River Dr.	Muscle Shoals AL 35661

AD

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: Beverly Peebles 7/26/00 (256) 383-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #