## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country 32736 USA  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, y are certifying the prior notices were resulted in the prior notices were resulted.	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address   PO Box 2045    Sulte, Apt. #, etc.   S						09.DEC -9 PM 12: 08.			
Sulfo, Apt. #, etc.	l vest Holdir	ngs, Inc.				اح.	0016347224	K	
Sulfo, Apt. #, etc.	Principal Office Address - No P.O. Box #     3. Mailing Office Address					12/0	9/0901028021 🐄	600.00	
City & State Eustlis, FL  Mount Dora, FL  Zip 32736  USA  Zip 32736  Zip The reinstatement fee is imposed, except circumstances which the entity did not rece the prior notices. By checking this box, year ecertifying the prior notices were received and requesting this pox, year ecertifying the prior notices were received and requesting the reinstatement fee be waived.  Zip 37607 Burhans Road  State Zip Code FL 32736  Zip 22736  Zip 37607 Burhans Road  State Zip Code FL 32736  Zip 37607 Burhans Road  Zip 37608 Burhans Road  Zip 37609 Burhans Road	37601 Burhans Road PO Bo			( 2045					
Application   Country   Zip   Country   Zip   Country   USA   32736   USA   US	Suite, Apt. #, etc.		etc.		4 Date Incor	porated or Qualified			
Description   Part	1 '			te					
Country   Sacration   Sacrat		Mount Do	Mount Dora, FL						
Name Paul B Perkins  Street Address (P.O. Box Number is Not Acceptable) 37601 Burhans Road  Suite. Apt. #. Etc.  City Eustis  8. 1. 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  REGISTERED AGENT MUST SIGN  PVST Paul B Perkins  37601 Burhans Road  10. E-mail Address: paulperk@gmail.com  To be used for future annual report notification)  11. 1 Contity that I am an officer or director or the receiver or trustee empowered to exocute this application as provided for in chapter 607 or 617, E.S. I further certify that when if this reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, y are certifying the prior notices were received and requesting the reinstatement fee be waived.  1. Titles  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIG	,	1 1	1 '	I .		6		ional Fee required	
Paul B Perkins  Street Address (P.O. Box Number is Not Acceptable)  37601 Burrhans Road  Suite. Apt. #, Etc.  City Eustis  State  City Eustis  State  State  FL  32736  State  St	7. Name and Address of Current Registered Agent								
37601 Burhans Road  Suite. Apt. #i. Etc.  City Eustis  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  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  Polite  PVST Paul B Perkins  37601 Burhans Road  Eustis, FL 32736  10. E-mail Address: paulperk@gmail.com  To be used for future annual report notification  To be used for future annual report notification in chapter 607 or 617, F.S. I further certify that when lift this reinstatement application, the reason for dissolution has been eliminated, the corporate annea satisfies the carejaments of section 607,0401, F.S., that all files this reinstatement application, the reason for dissolution has been eliminated, the corporate annea satisfies the carejaments of section 607,0401 or 617,0401, F.S., that all files the care and annead annead annead satisfies the carejaments of section 607,0401 or 617,0401, F.S., that all files the care and annead annead annead annead assistance annead assist	Paul B Perkins					☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
City Eustis State   State   Zip Code   FL   32736    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   REGISTERED AGENT MUST SIGN    9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)  Titles   Officers and/or Directors   Street Address of Each Officer and/or Director    PVST   Paul B Perkins   37601 Burhans Road   Eustis, FL 32736    10. E-mail Address: paulperk@gmail.com   To be used for future annual report notification    11. Lecrify 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 lift this reinstatement application, the reason for dissolution has been eliminated, the corporate name satiefs are requirements of section 607.0401 or 617,0401, F.S., that in the	· · · · · · · · · · · · · · · · · · ·								
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Eustis, FL 32736  PVST Paul B Perkins 37601 Burhans Road Eustis, FL 32736  10. E-mail Address: paulperk@gmail.com  To be used for future annual report notification)  11. 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 fill 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 ail fee	•			•		•		_	
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made under oath.	this reinstatement owed by the corpo- made under oath.	application, the reason for distration have been paid. I furthe	solution has been r certify, the inform	npowered to e eliminated, the nation indicate	execute this application as perception of the corporate name satisfies and on this application is true president	provided for in cha the requirements and accurate, an	of section 607.0401 or 617.0401, F.S., d my signature shall have the same leg	that all fees pal effect as if 2-459-3827	