

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

09 OCT 15 AM 9:52

SECRETARY OF STATE ALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

01-09

10/15

DOCUMENT # P97000103714

1. Corporation Name

MSV of Central Florida, Inc.

2. Principal Office Address - No P.O. Box # 410 N. Halifax Ave.

3. Mailing Office Address 410 N. Halifax

Suite, Apt. #, etc. Suite D

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City & State Daytona Beach, FL

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Zip 32118 Country USA

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4. Date Incorporated or Qualified To Do Business in Florida 12/9/97

5. FEI Number 59-3495651

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 Anthony M. Cupolo

Street Address (P.O. Box Number is Not Acceptable) 410 N. Halifax

Suite, Apt. #, Etc. Suite D

City Daytona Beach

State FL Zip Code 32118

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.

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 [Signature] REGISTERED AGENT MUST SIGN

Date 10/8/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Pres. Anthony M. Cupolo, 410 N. Halifax, Ste. D, Daytona Bch, FL 32118.

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/8/09 386-252-4214 Daytime Phone #