


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000000133

1. Corporation Name

Acquico of Mary Esther, Inc

FILED
05 MAR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

251 Mary Esther Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

100 John King Rd
Suite, Apt. #, etc.

City & State

Mary Esther, FL

Zip

32569

Country

U.S.

City & State

Crestview FL

Zip

32539

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-1997

5. FEI Number

593489184

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

Chavez, Rogelio

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

251 Mary Esther Blvd

Suite, Apt. #, Etc.

City

Mary Esther

State

FL

Zip Code

32569

500049936765
04/05/05--01090--006 **1050.00

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

Rogelio Chavez
REGISTERED AGENT MUST SIGN

Date 3-24-05

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
<u>P</u>	<u>Chavez, Rogelio</u>	<u>251 Mary Esther Blvd</u>	<u>Mary Esther FL 32569</u>

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:

Rogelio Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-24-05

Daytime Phone #

Roberts APR 04 2005