PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Sylinature of Registered Agent Address of Each Officers and/or Directors Signature of Registered Agent Resistered Address of Each Officer and/or Directors Resistered Agent Resistered Address of Each Officer and/or Director Resistered Address of Each Officer and/or Directors Resistered Agent Resistered Address of Each Officer and/or Director Resistered Address of Each Officer and/or Director Resistered Agent Resistered Address of Each Officer and/or Director Resistered Address of Each Officer and/or Director Resistered Agent Resistered Address of Each Officer and/or Director Resistered Agent Resistered Address of Each Officer and/or Director Resistered Address of Each Officer and/or Director Resistered Address of Each Officer and/or Director Resistered Address of Each Resistered Agent Resi	CORPORA REINSTATI				DEPAR' Secretary	y of S			FILED MAY 25 AM II:	
2. Principal Office Address - No P.O. Box # PO Box 69/358 Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florids 1/6/1998 To Do Business in Florids 1/6/1998 5. FEI Number of Country 1/05 Apolient F. Name and Address of Current Registered Agent Name TAMES F Kozlowski Street Address (P.O. Box Number is Not Acceptable) 1/251 LEDGEMENT LN Suite, Apt. #, Etc. Signature of Registered Agent	1. Corporation Nam	e			,			int.	A HASSEE, FLORIDA	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Orl Ando, FL Orl Ando, FL Orl Ando, FL Zip 328/9 Country 328/9 To Do Business in Florida Size State Orl Ando, FL Zip 328/9 Country 328/9 Country 328/9 To Name and Address of Current Registered Agent Name TAMES F KOZ lowski Size Suite, Apt. #, Etc. City UINDERNERE Size Size Address of Survent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Applied F Not Applied Size Address (P.O. Box Number is Not Acceptable) UINDERNERE Size Address (P.O. Box Number is Not Acceptable) FL 34786 Signature of 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors	Time	ShA	re M	otessi	DAAL	5 1 -	L n G			
City & State Orl Ando, FL State Style St	6985			POB	0x 6		58	REINS	STATEMENT 03-07	
City a state Orlando, FL Orla	Suite, Apt. #, etc.			Suite, Apt. #	, etc.				porated or Qualified	٦
Name I AHES F Kozlowski Street Address (P.O. Box Number is Not Acceptable) Surie, Apt. #, Etc. City UINDERHERE B. 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 Agent Agent Addresses of Each Officer and/or Directors Titles Officers and/or Directors Titles Tames F Kozlowski II2SI LEDGEMEN 7 LN WINDERHERE, FL 347786 II2SI LEDGEMEN 7 LN WINDERHERE, FL 347786	-	o, FL		1	do, Fo			5. FFi Numbe	r Applied For	
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Street Address (P.O. Box Number is Not Acceptable) I				s of Current Regi	stered Ager	nt				٦
Street Address (P.O. Box Number is Not Acceptable) 1/2 SI LEDGEMENT LN State Zip Code Teceived and requesting the reinstatement fee be waived. 1/2 SI LEDGEMENT LN State Zip Code State St	JAMES F Kozlowski						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			
Suite, Apt. #, Etc. City WINDER MERE State 34786 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 FL 34786 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/T JAMES F Kozlowski WINDERMENE, FL 34786 WINDE	Street Address (P.O. Box Number is Not Acceptable) //251 LEDGEMENT LN									
State 34786 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 Agent 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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Direc	Suite, Apt. #, Etc.							receive	ed and requesting the reinstatemen	
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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 Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip P/T JAMES F Kozlowski //25/ LEDGEMENT CN WINDERMENE, FL 34786 VP/S JUDITH T Kozlowski //25/ LEDGEMENT LN WINDERMENE, FL 34786	8. 1, being appointe	/) ·		above named corr	oration, am	familiar v	with and accept the o	bligations of section	_	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City/State/Zip P/T JAMES F Kozlowski //25/ LEDGEMENT CN WINDERMENE, FL 3478 VP/S JUDITH T KOZLOWSKI //25/ LEDGEMENT CN WINDERMENE, FL 3478 WINDERMENE, FL 3478		fan	er ti	REGISTERED A	GENT MUST	SIGN			Date 3-22-07	_
P/T JAMES F Kozlowski WINDERMENE, FL 34786 WINDERMENE, FL 34786 VP/S JUDITH T Kozlowski 1/251 LEDGEMENT LN WINDERMENE, FL 34786 WINDERMENE LN WINDERMENE, FL 34786	9. Names and Stre	et Addresse:	s of Each Office	and/or Director (F	lorida nonpre	ofit corpo	prations must list at le	east 3 directors)		
VP/s Judith T Kozlowski WINDERMENE, FL 34786 WINDERMENE, FL 3478	Titles	Officers and/or Directors				Officer and/or Director			City / State / Zip	
000103310980	P/T JA.	MES I	F Kozl	owski					WINDERMERE, FL 34786	5
	VP/s Jul	oith 7	Kozlo	wsk,	1/25	1 6	DUEMEN	7 LN	WINDERMENE, FL 37786	
			\$261	5						
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 filling 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 feed 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this reinstateme owed by the cor	nt application poration hav on is true and	n, the reason for e been paid and d accurate, and	dissolution has been the names of indiviny signature shall I	en eliminated iduals listed nave the sam	i, the cor on this for ne legal o	porate name satisfier orm do not qualify for effect as if made unde	s the requirements an exemption con er oath.	of section 607.0401 or 617.0401, F.S., that all fees tained in Chapter 119, F.S. The information indicate	d
SIGNATURE: AME TO SUNT JAMES F KOZIOWSKI 5-22-07 407-247-6065	l	/ L	1 1	<i>''</i>	7	~ 1.	/ i)	<i>_</i> .	12.09 6222471015	•