


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 APR 13 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P98000015650
W04000047344

2. Principal Office Address

1010 Executive Center Dr.

Suite, Apt. #, etc.

142

City & State

Orlando FL

Zip

32803

Country

USA

3. Mailing Office Address

1010 Executive Center Dr.

Suite, Apt. #, etc.

142

City & State

Orlando FL

Zip

32803

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Ava Dawn Hetzer

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

1010 Executive Center Dr.

Suite, Apt. #, Etc.

142

City

Orlando

300044766743

01/14/05--01021--002 **300.00

State

FL

Zip Code

32803

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

Ava Dawn Hetzer

REGISTERED AGENT MUST SIGN

Date 4/7/05

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
	Ava Dawn Hetzer	1010 Executive Center Dr	Orlando FL 32803

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:

Ava Dawn Hetzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

Daytime Phone #

CR2E081 (01/04)