PLEASE READ ALL INSTITUTE	STIDNS, BEFORE	COMPLETING THIST GRM.
REINSTATEMENT Secre	ARTMENT OF STATE stary of State	
Division	OF CORPORATIONS	17 AUG 17 PM 3: 20
DOCUMENT # 1. Corporation Name		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		100302542031
1900 NW COIL PURATE BLVA 5320 S. GENEVA ST		100302642031
Suite, Apt, #, etc. Suite, Apt. #, etc.		—
City & State City & State		To Do Business in Florida MARCH 5 / 9 9 5. FEI Number Apolied For
BOCA RATON FL EVELENCE	oos, Co	5. FEI Number Applied For 65 - 082/894 Not Applied by
33431 USA SUII	Cóuntry	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered A	Agent	
Name SEFF 1/02 THP OF		
Street Address (P.O. Box Number is Not Acceptable) 1900 NW CORPORATE BL	V A	
Suité, Apl. #, Etc.		
SUITE 450 City BOCA RATON	State Zip Code FL 3 3 4 3/	/
8. 1, being appointed the registered agent of the above named corporation.		
Signature of Registered Agent Date 7/17/17		
REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer and/or Director (Florida no Name of	enprofit corporations must list at Street Address of Eac	ch
Titles Officers and/or Directors	Officer and/or Directo	cor City / State / Zip
1) JETT NURTHTOP 530	70 5. GENEV,	A ST ENECEWOOD, CO SOIII
10 = 0.00	- 1	
10. E-mail Address: northrop@ stephengov/d. com (To be used for future annium 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 fiting 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., and that all fees owed by the corporation have been paid-I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as		
of the corporation have been paid. Format certify sucception in the properties of the and accurate, and my signature shall have the same legal effect as if made under each. I am give that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

SIGNATURE:

7/17/

954-803-9444 Daytona Priorie 8