PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 28 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078337

1. Corporation Name
The Fountain Shop, Inc.
W05000034236

02-05

2. Principal Office Address	3. Mailing Office Address
915 Northern DRive	915 Northern DRive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Park Fla.	City & State: Lake Park Fla.
Zip: 33403 Country: USA	Zip: 33404 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/4/98

5. FEI Number: 65-0867069 ☐ 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: Harry Bernard Hagwood

Street Address (P.O. Box Number is Not Acceptable): 915 Northern DRive

Suite, Apt. #, Etc.:

City: Lake Park Fla. State: FL Zip Code: 33403

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: Harry B. Hagwood — REGISTERED AGENT MUST SIGN

Date: 7/8/05

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
Pres	Harry B. Hagwood	915 Northern DRive	Lake Park Fla 33403
Vice Pres	Carolyn J. Hagwood	915 Northern DRive	Lake Park Fla 33403
		200057345852 07/12/05--01036--010 **600.00	

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: Harry B. Hagwood President 561-255-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/8/05

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7/8/05

F/A Dept of State
Secretary of State
Division of Corporations

I didn't receive my 2002 corporate renewal form. Please waive the extra reinstatement fee. The original Fountain Shop was sold and all mail was still going to that address. I am changing my mailing address to my home. Thank you

Harry B Hagwood
President
561-255-4592
561-835-4849