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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000095101

1. Corporation Name
SCINTILLA, INC.

6351 SW 18TH TERR RD
PO BOX 911

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
6351 SW 18TH TERR RD	PO BOX 911
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34474 Country: USA	Zip: 34478 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1998

5. FEI Number: 593541251 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ See the instructions regarding fees for certificates of status

7. Name and Address of Current Registered Agent

Name: LAURA NELSON

Street Address (P.O. Box Number is Not Acceptable): 6351 SW 18TH TERR RD

Suite, Apt. #, Etc.:

City: OCALA State: FL Zip Code: 34474

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/12/04

CR2E063 (01/04)

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 S	LAURA NELSON	6351 SW 18TH TERR RD	OCALA, FL 34474

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04 Date

352.291.0292 Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

SCINTILLA, INC.

Certificate of Status	1
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