1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 19 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000101323

1. Corporation Name
OWNER'S EXCHANGE, INC.

2. Principal Office Address	3. Mailing Office Address
21301 S. TAMIAMI TRL.	21301 S. TAMIAMI TRL.
Suite, Apt. #, etc. 320-305	Suite, Apt. #, etc. 320-305
City & State ESTERO FL	City & State ESTERO FL
Zip 33928 Country USA	Zip 33928 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12-4-98

5. FEI Number 59-3545854 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES ST.
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

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: Deborah D. Skipper — REGISTERED AGENT MUST SIGN
Deborah D. Skipper
Asst. Secretary
Date: 3-20-01

CR2E081 (9/00)

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	LARRY JUSTICE	21301 S. TAMIAMI TRL #320-305	ESTERO, FL. 33928

REINSTATEMENT 2000

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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: Larry Justice LARRY JUSTICE 3/17/01 941-498-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 082341 7262555

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 908.75

ORDER DATE : March 19, 2001

ORDER TIME : 12:03 PM

ORDER NO. : 082341-005

CUSTOMER NO: 7262555

CUSTOMER: Mr. Larry Justice
Owner's Exchange, Inc.
21301 S. Tamiami Trl.
#320-305
Estero, FL 33928

DOMESTIC FILINGS

NAME: OWNER'S EXCHANGE, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS

RECEIVED
01 MAR 19 PM 12:56
DIVISION OF CORPORATION