PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP -9 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000104783

1. Corporation Name
Split Bill, Inc.

2. Principal Office Address	3. Mailing Office Address
3946 McGirts Blvd.	PO Box 17
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ortega Station
City & State Jacksonville, Fl	City & State Jacksonville, Fl
Zip 32210 Country USA	Zip 32210-0012 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/17/98

5. FEI Number 59-3641475 ☐ 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: William H. Parham, Jr.

Street Address (P.O. Box Number is Not Acceptable): 3946 McGirts Blvd.

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32210

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] President Date: 8/15/02
REGISTERED AGENT MUST SIGN

CR2E081 (10/01)

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
President	William H. Parham, Jr.	3946 McGirts Blvd.	Jacksonville, Fl 32210
Chairman	Harold S. O'Steen	4611 Ortega Blvd.	" " "
VP	Mark H. O'Steen	4720 Ortega Forest Dr.	" " "
VP	Harold S. O'Steen Jr.	3320 Riverside Ave	" " 32205
VP	Cheryl W. Parham	3946 McGirts Blvd	" " 32210

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] President 8/15/02 904 598-7641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #