PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT Secretary of Sta DIVISION OF CORPORAT	te TIONS 04J	FILES UL 27 PM	2: 34		
DOCUMENT#7 1. Corporation Name プラムい V.		15318 ETTI P.A.	SECI TALL	ETARY OF HASSEE.	FLORIDA		
2. Principal Office Address DR		3. Mailing Office Address DR - D'CKIR DR -			000036251000 07/27/0401041002 **141.25		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Date Incorp	porated or Qualified	141 01	
City & State JACKSONV: H = H;		City & State 5. FEIN		5. FEI Numbe		?	Dilied For
Zip Count	·	Zip Country	IAL.	6.	OF STATUS DESIRED	_ G975Acciment	Applicable Feoregrified
7. Name and Address of Current Registered Agent Name							
John H. Latshaw, Jr. Street Address (P.O. Box Number is Not Acceptable)							
8. I, being appointed the egistered agent of the Poove named co-poration, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST FIGN					on 607.0505 or 617.0	503, F.S.	CR2F081 (10/02)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least						,	
Titles Office	Name of ers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
Director John V.	8086 Dicki	8086 Dickie Drive			Jacksonville, FL 32216		
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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 filling 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.							
SCHATUR	E AND TYPEN TO BOI	NTED PAME OF SIGNING OFFICER OF D	JUNA F. LA	NIGOINE	111 -13/0		 //