PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P3 171

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063803

REINSTATEMENT 03-54

1. Corporation Name
SRA Enterprises, Inc
Lakeland Discount Uniforms

2. Principal Office Address	**3.** Mailing Office Address
107 N. Alexander Street	107 N. Alexander St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City FL	City & State: Plant City FL
Zip: 33567 Country: US	Zip: 33567 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7-19-99

5. FEI Number: 65-0949219 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sherri D. Ciccarello

300027893593
01/29/04--01064--015 **150.0

Street Address (P.O. Box Number is Not Acceptable): 107 N. Alexander Street

Suite, Apt. #, Etc.:

City: Plant City | State: FL | Zip Code: 33567

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: Sherri D. Ciccarello Date: 1/24/04
REGISTERED AGENT MUST SIGN

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	Sherri D. Ciccarello	4806 Lonesome Dove Court	Plant City, FL 33565
Secretary Treasurer	Nicolas A. Ciccarello	4806 Lonesome Dove Court	Plant City FL 33565

300027893593
02/24/04--01033--006 **150.00

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: Sherri D. Ciccarello 1/24/04 813-763-0683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary of State

Please reinstate the Corporation SRA Enterprises, Inc. We recently moved and had a problem getting our mail at 4806 Lonesome Dove Court. Our business address mail box is outside of our building and we've had some problems with people stealing our mail. So please reinstate us and will try to process on time.

Thanks!

Sheri D. Cicarelli
President