

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000067176

2. Principal Office Address

4117 S Tamiami Trl.

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

3. Mailing Office Address

P.O. BOX 1353

Suite, Apt. #, etc.

City & State

HOMOSASSA SPRINGS, FL

Zip

34447-1353

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1999

5. FEI Number

593584171

☒ 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

Kristen Anthony Cabezas

Street Address (P.O. Box Number is Not Acceptable)

4117 S Tamiami Trl

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Kristen Anthony Cabezas

REGISTERED AGENT MUST SIGN

Date 09/01/2003

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	Peggy Simpson	5969 Bob White Dr.	Homosassa Springs, FL 34447
Vice President	Kristen Cabezas	398 Jeannette Ct.	Nokomis, FL 34275
Sec.	Roseanne Brady	P.O. Box 173203	Tampa, FL 33672-173203

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

Kristen Anthony Cabezas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/2003 (941)408-8443

Date Daytime Phone #

CR2E081 (10/02)

2/10/13