• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FIL OS SEP 12	Du -
DOCUMENT # P99 000075829 1. Corporation Name				SECINE TALLAHASSEE,	FLORIDA
MUMMERT INVESTMENTS					
		1877	1		01-05
2. Principal Office Address 8551 W. SUNPUSE BLVD	3. Mailing Office Address 8557 W. SWWISE BLVD		,	41	a notice
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Con Institute		
302	302	4. Date Incorp	porated or Qui iness in Florid		1999
PLANTATION, FL	PLANTATION, FL	5. FEI Number Applied For Not Applicable			
33322 Country USA	33322 Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name MICHAEL E, MUMMERT					
Street Address (P.O. Box Number is Not Acceptable)					
6880 SW 3RD STREE!					
Ott.			T T]
CITY PEMBROKE	PINES,		FL State	zip cod 3302-3	
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 Date 9-7-05 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			
PV.ST MICHAEL E. MUM	MERT 6880 SW 3RD 5,	TREET	PEMGR	OKE PINES, FZ	33023
		50 09/12	005: 0501	9536045 054017_**13	5000
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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: JULIAN JULIAN 9-7-05 954 444-6633 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					