PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE KAtherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P 9900099360 1. Corporation home WINDS Plus of Conviton Beauth THE P 900099360 1. Corporation home WINDS Plus of Conviton Beauth THE P 900099360 1. Corporation home WINDS Plus of Conviton Beauth THE P 900099360 1. Naming Office Address 3. Mailing Office Address SUMMAN FLORIDA THE P 900099360 1. Mailing Office Address SUMMAN FLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA THE P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA TO DO Business in Product The P 900099360 1. Country Base Secretary OF STATE FALLAHASSEE, PLORIDA There I have been possible of the spilove and production of the					- FILED	
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director P. BRIAN Seldal #403 While Feather TR. BoyNton Bch., Flagy36 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: Juan Jaldal Brian Seldal 5/33/12 954 984 16 000	Signature of Registered Agent	BuanAl	GISTERED AGENT MUST	SIGN	bligations of section 607.0505 or 617.0503, F.S. Date	
P BRIAN Seldal #403 While Feather TR. BoyNfan Bch., Flasy36 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: Juan John BRIAN SCIAN 5/33/12 954 984 166 00	Titles Name of Street Address of Each					
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