1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 21 PM 4:09

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000104954

1. Corporation Name

ACQUISITION & ADMINISTRATION, INC.

REINSTATEMENT

01-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
672 Dream Island Road	P. O. Box 547970
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longboat Key, FL	City & State: Orlando, FL
Zip: 34228-1503 Country: US	Zip: 32854-7970 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/1/1999

5. FEI Number: 59-3612200 ☐ 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: Lynne Whitmore

Street Address (P.O. Box Number is Not Acceptable): 1338 SW Ivanhoe Blvd

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32804

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lynne Whitmore Date: 2/20/2007

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
P, S	Lynne Whitmore	1338 SW Ivanhoe Blvd	Orlando, FL 32804

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 contained in Chapter 119, 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: Lynne Whitmore 2/20/2007 (407) 496-6195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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(((H07000046904 3)))

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CORPORATION REINSTATEMENT

ACQUISITION & ADMINISTRATION, INC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	~~$1,658.75~~

$1667.50

PLEASE NOTE THE CERTIFIED COPY REQUEST + New fees

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