PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

reinstatement application, the Feason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been/paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am always that false information submitted in a document to be constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:	CORPORATION REINSTATEMEN					DEPART Secretary	y of S			1	FIL E I 2 AUG 27 PM I		
2. Principal Office Address - No P.O. Box # 1172 S. Dixie Highway										CALLANT OF STATE			
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