PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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and Street Ad	dresses o	f Each Officer an	d/or Director (Flo	rida nonprofi	t corporations must	fist at leas	st 3 directors)				
Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
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10. It 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, it is 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 his 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR

5/7/01 352-732-2104

Daytime Phone #