PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2029 S.W. State Rd. 26 Suite, Apt. #, etc. City & State City & State Trenton FI. Zip Country Zip Country 2029 S.W. State Rd. 26 REINSTATEMENTE 4. Date Incorporated or Qualified To Do Business in Florida 6/21/9 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Country 32602	5 1050.00
2. Principal Office Address - No P.O. Box # 2029 S.W. State Rd. 26 2029 S.W. State Rd. 26 Suite, Apt. #, etc. City & State Trenton FI. Trenton Zip Country 32693 USA The reinstatement fee is imposed circumstances which the entity did the prior notices. By checking the are certifying the prior notices. By checking the reinstance of Registered Agent Suite, Apt. #, Etc. Third Floor City & State Signature of Registered Agent Signature of Registered Agent Suite, Apt. #, Etc. Pate Warden Address (P.O. Box Number is Not Acceptable) Signature of Registered Agent Pate Warden Address (P.O. Box Number is Not Acceptable) Pate Warden Agent Date #ADO D 9 Pate #ADO D 9	5 1050.00
2029 S.W. State Rd. 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Trenton FI. Zip Country 32693 USA To Name and Address of Current Registered Agent Name Sean L. Moore, Esq. Street Address (P.O. Box Number is Not Acceptable) 2900 E. Oakland Park. Blvd., Suite, Apt. #, Etc. Third Floor City State Signature of Registered Agent Signature of Registered Agent Signature of Registered Agent Suite, Apt. # etc. Pate	ĬŌ50.00 コーヘタレ
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City & State Trenton FI. Trenton FI. Zip Country 32693 USA To Do Business in Florida 6/21/9 5. FEI Number 357 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Sean L. Moore, ,Esq. Street Address (P.O. Box Number is Not Acceptable) 2900 E. Oakland Park. Blvd., Suite, Apt. #, Etc. Third Floor City Fort Lauderdale 8. I, being appointed the registered agent of the above named porturation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date ##20 09	
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Name Sean L. Moore, Esq. Street Address (P.O. Box Number is Not Acceptable) 2900 E. Oakland Park Blvd., Suite, Apt. #, Etc. Third Floor City Fort Lauderdale 8. I, being appointed the registered Agent Signature of Registered Agent The reinstatement fee is imposed circumstances which the entity did the prior notices. By checking the are certifying the prior notices received and requesting the rein fee be waived. Date 42009 The reinstatement fee is imposed circumstances which the entity did the prior notices. By checking the are certifying the prior notices received and requesting the rein fee be waived.	tional Fee required tificate of Status
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City State Zip Code Fort Lauderdale FL 33306 8. I, being appointed the registered agent of the above named corp ration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 42009	
Fort Lauderdale FL 33306 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 4/2009	
Signature of Registered Agent Date 4/20/09	
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 Avery Tyler 2029 S.W. State Rd. 26 Trenton, FL 326	93
V Denise Jackson 2029 S.W. State Rd. 26 Trenton, FL 326	93
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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 the 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. 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 inform on this application is true and accurate, and my signature shall have the same legal effect as if made under path.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR