PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 DEC 31 AM 8: 34 DOCUMENT # S61562 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CENTRAL Q, INC. Principal Place of Eusiness Mailing Address P_O-POX-1765 P-0 BOX 1765 LUTZ-FL 33549> LUTZ FL 33549 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 06/19/1991 Suite, Apt. #, etc. 5429 Valinda Dr. Suite, Apt. #. etc. 5429 Valinda Dr. 5 FEI Number Applied For City & State 59-3078837 Not Applicable N.C. Chapel Chapel Country USA \$8.75 Additional Fee require CERTIFICATE OF STATUS DESIRED USA 17514-9612 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers Title(s) City / State / Zip THUERMER, DAVID E. 18109-GERACI-RD-LUIZEL 5429 Valinda Dr Chapel Hill, NC 27514 Thuermer David E. 500002732025--01/06/99--01060--007 ****750_00 ****750_00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LLMAN DAVID THUERMER, DAVID-E. Street Address (P.O. Box Number is Not Acceptable 507 GROVE AVE 18109 GERACI RD Suite, Apt. #, Etc. LUTZ FL 33549 SEFFUER
and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, am familiar REQUIRED Signature of Registe@d Agent This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes X No Intangible Personal Property tax due June 30. 12. 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 pald 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. 11/31/98 (919)309-9209 SIGNATURE: