original last RRC 8/23

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
06 AUG 24 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
2000-2006

Reinst
RRC 8/24

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # S86371
Spirit Printing

2. Principal Office Address	3. Mailing Office Address
1030 W. Amelia St.	1030 W. Amelia St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL.	City & State: ORLANDO, FL.
Zip: 32805 Country: USA.	Zip: 32805 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-09-1991

5. FEI Number: 59-3085913 — 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: Robert F. Cowart

Street Address (P.O. Box Number is Not Acceptable): 2816 So. Brown Ave.

600079102626
08/25/06--01003--001 **1058.7

Suite, Apt. #, Etc.

City: ORLANDO, State: FL Zip Code: 32806

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]

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
Pres. D	Cowart, Robert F.	2816 So. Brown Ave.	Orlando, FL. 32806
Sec. D	Cowart, Jeannette O.	1228 St. Tropez Circle	Orlando, Fl. 32806

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: Robert F. Cowart [signature]

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

FROM : SPIRT_PRINTING FAX NO. : 4076482557 Aug. 24 2006 11:57AM P1