PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 96-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAY 12 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92357

Corporation Name

AZALEA PARTNERS, INC.

Principal Place of Business	Mailing Address
1625 GRANGE CIRCLE LONGWOOD, FL 32750	PO BOX 574143 ORLANDO, FL 32857-4143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/6/1991

5. FEI Number: 59-3092849 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-T-D	JULIO C PEREZ	1625 GRANGE CIRCLE	LONGWOOD, FL 32750
S-D	EVELYN L PEREZ	1625 GRANGE CIRCLE	LONGWOOD, FL 32750

REINSTATEMENT 96-97

A. Allen 5/12/97

8. Name and Address of Current Registered Agent

JULIO C PEREZ
1625 GRANGE CIRCLE
LONGWOOD, FL 32750

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

100002183977--7
-05/19/97--01186--008
****923.75 ****923.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Julio C. Perez — REGISTERED AGENT MUST SIGN — Date: 5/8/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

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 paid 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.

SIGNATURE: Julio Cesar Perez P-T-D — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 1997 — Date

407-281-4141
407-767-2563
FAX 407-281-8385 — Daytime Phone #