PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR 95-97 FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # V20915 97 APR 30 PM 4: 23 W.T. ERICKSON & ASSOCIATES, THE. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business G318 POTTS BURG PLANTATION BLVOL. JACKSONVILLE, FL. 32216 REINSTATEMENT 45-97 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 Date Incorporated or Qualified To Do Business in Florida MAR. 13, 1992 Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3115346 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip JACKSONVILLE , FL. 32216 D WILLIAM T. Erickson, IV G318 POTTSburg PLANTATION 300002169513--2 -05/07/97--01066--007 \*\*\*1080.00 \*\*\*\*1080.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name William T. Erickson, IV Street Address (P.O. Box Number is Not Acceptable) 6318 POTTS burg PLANTATION BLVd. Suite, Apt. #, Etc. JACKSMVILLE, FL. 32216 State | Zip Code 10. It being appointed the registered agent of the libove named perpenation, am familiar with and accept the obligations of Section 607.0505, F.S. EGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No M Yes 12.1 only 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. 4-4-97 (904)727-0985 SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T. Ericksa