


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V71251			
1. Corporation Name A2 Corporation			
2. Principal Office Address 204 St. Joe Plaza Suite, Apt. #, etc.		3. Mailing Office Address PO Box 899 Suite, Apt. #, etc.	
City & State Palm Coast FL Zip 32164 Country		City & State Bunnell FL Zip 32110 Country	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 593146315		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Lesley M. Anderson			
Street Address (P.O. Box Number is Not Acceptable) 600 N. State St.			
Suite, Apt. #, Etc.			
City Bunnell		State FL	Zip Code 32110
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 Lesley Anderson		Date 2/3/05	
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	Lesley Anderson	600 N. State St.	Bunnell FL 32110
			200047590882 03/02/05--01056--004 **750.00
			200047590882 03/02/05--01056--005 **159.75
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 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: Lesley Anderson Lesley Anderson 2/3/05 386437354			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED
05 FEB 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

CR2E081 (01/05)