PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUL -1 AM 8: 33

SECRETARY OF STATE TALLAHASSEE. FLORIDA

| DOC | JMF | NT# | 765 | 958 |
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1. Corporation Name

Florida High Schools ModelUnited Nations, Inc.

| 2. Principal Office Address P.O. Box 5425 Suite, Apt. #, etc. City & State Winter Park, FL | | | 3. Mailing Office Address 1105 W. Knollwood St. Suite, Apt. #, etc. City & State Tampa, FL | | 4. Date Incorporated or Qualified 12/03/1982 | | | |
|--|--|------------------------|--|-------------------------|---|--|----------------|----------------|
| | | Suite Apt # etc. | | | | | | |
| | | [| | | | | | |
| | | City & State | | | | | | |
| | | Tampa, FL | | | L F00074000 | | plied For | |
| Zip 32793 | Zip Country 32793-5425 USA | | Zip 33604-6419 | Country | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requir | | | Fee required |
| | | | 7. Name and | Address of Current R | egistered Agent | ابي الديوات تبير الانتخر الانتخاب | | |
| | Name Gerald R. Johnston | | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 1105 W. Knollwood St. 10021241531 | | | | | | | |
| | Suite, Ap | t. #, Etc. | | | | · <u> </u> | -11-C -4-45-15 |) . 1.J |
| Tampa | | | | | | State Zip Code FL 33604-6 | 419 | |
| 8. I, being | appointed the | ne registered agent of | the above pamed corporation, an | familiar with and accep | ot the obligations of secti | on 607,0505 or 617,0503, | F.S. | |
| Signature o Registered | | Gerald 1 | REGISTERED AGENT MUS | T SIGN | | Date 06/25/20 | 003 | |
| 9. Names | s and Street | Addresses of Each O | fficer and/or Director (Florida nonp | rofit corporations must | ist at least 3 directors) | | · | |
| Titles | J | Name of | | Street Address | of Each | City / State / Zin | | |

Officers and/or Directors Officer and/or Director C/M Thomas H. Cook 2331 W. Horatio St. #624 Tampa, FL 33609 T/D Jamie Hayes 314 Rachelle Ave., #1024 Sanford, FL 32771 S/D William Demeritt 6409 Westgate Dr., #201 Orlando, FL 32835 D Gerald R. Johnston 1105 W. Knollwood St. Tampa, FL 33604

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 filling 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 quelify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signalure stell have the same legal effect as if made under oath.

SIGNATURE:

Gerald R. Johnston

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/03

813-933-4633

Date

Daytime Phone #