## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLICATION FOR STATEMEN		5	A DEPARTN Sandra B. N Secretary of VISION OF COR	of State				
DOCUMENT # 721010						98 JUL 29 PM 4: 07			
1. Corporation Name Nouseh Anathents Condensioner						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
		1-ssocia	א בקינול	'c. (1)(	18-17472				
Principal Place of Business Mailing Address									
1424 S.E. 1574, Street #19									
Fort	LANGEN	ulo, A	ridd	333/	6		ATEMENT		
	ddre <b>sse</b> s are incorrect					EINS	HICHECISI"	7748	
New Principal Office Address, If Applicable     New Mail				ng Office Address, If Applicable			orated or Qualified ness in Florida	#721010	
Suite, Apt. #, etc. Suite, A				etc.		5. FEI Number Applied For			
City & State	!		City & State			59-14-3-5770 Not Applicable			
Zip	Country	y	<b>Z</b> ıp	Co	ountry	6. CERTIFICAT		Additional Fee required 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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Num		lumbers)	City / State / Zip		
PD RAYMOND NICHOLSON				1424 S.S. 15th ST #14			Port Landerlac, FL 32516		
5) Linds GANALY- Kergey				1424 5.2.15th ST # 32			Fort MANDERALO, AZ		
TO GROSE HELVER				142458 15th. 51			Part LArle da		
70					#5z			35316	
.,, .,						00000260 <b>7</b> 5408 -08/05/9801011 <b>1</b> 13			
3 D's added per Mr.				Helpher			4 1 4 7 7 7 C C C	*****	
	M 7/3/19	8	(a,b)	'				$(\mathcal{A})$	
	B. Name and Ad	idress of Current F	egistered Age	nt		9. Name and	Address of New Registered Age	ant	
						OVSVE 1	VSK HELVEN		
1,767,50					Street Address (F	O. Box Number	x Number is Not Acceptable).		
į,	1776.15				Suite, Apt. # Etc.				
					City th	seeled	Tolo State	Zip Code つろうろろ	
10. I, being	app <b>oin</b> ted the register	ed agent of the abov	e named carpo	vion, am famili	ar with and accept the of	bligations of Sect			
Signature of Registered Agent Date Date Date 25/998									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No Page (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR July 25, 1988 954-44.3-319									