PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT STATE Secretary of State DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 1/7 626 1. Corporation Mark # 1/7 626 2. Principal Office Address # 1/7 6276 3. Mailing Office Address # 1/7 6276 Double Address # 1/7 6276 Doubl | PLEASE READ | ALL INSTRUCTIONS BEFORE C | ONIFECTING THIS FORM. |
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| Applied For Status BCH, FGT W. HARM BCH FG STATUS DESIRED STATUS D | City & State | City & State | |
| 29 3341 7 Country 29 3341 7 Country 7. Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 10/16/US01078006 **236.25 City West Palm Beach Signature of Beach of the above named corporation, pm familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Beach of Community of Signature of Community of Signature of Community of C | l · / a a a ~ a | | |
| 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 10/18/0501078006 **236.25 City Nest Palm Beach State Zig Code, FL | | | 58.75 Additional Fee required |
| Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City West Palm Beach Registered agent of the above named corporation, cm familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Dutch Acceptable Dutch Acceptable Date 10 - 11 - 2005 Registered Agent Dutch Acceptable Date 11 - 2005 Registered Agent Dutch Acceptable Director (Florida nonprofit corporations must list at least 3 directors) 7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 8. Name and Street Addresses of Each Officer and/or Director (Tiples Officer and/or Director Officer | J37.7 . | 30777 | for a Certificate of Status |
| Suite, Apt. N, Etc. 10/18/0501078006 **238 25 City West Palm Beach State Zip Code FL 334/7 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 Putt Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Name of Officers and/or Directors | | | |
| Suite, Apt. #, Etc. 10/18/05-01078-006 **238 25 City West Palm Beach Signature of 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 Buth Buth Buth Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Titles Officers and/or Directors Street Addresses of Each Officer and/or Director City / State / Zip 7. RUTH ARTINOFF 7. CAMBRIDGE D West FALM Beth. F.R. 334/17 7. RUTH ARTINOFF 7. CAMBRIDGE D WIFB. F.L. 3.34/17 7. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 7. CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 7. CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 93 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.34/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB. F.L. 3.4/17 8. RUTHANN Lever 94 CAMBRIDGE D WIFB | Street Address (P.O. Box Number is | Not Accentable) | The transfer of the same of th |
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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone | | | |