PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMEN	674		S	DEPART Secretary SION OF CO	of S					FIL	ED	
DOCUMENT # PO100029720												AM 11: 58	
	JALTO	N	Roofi	MG1	INC	. 1		<u>.</u> :		LVLI	METARY LAHASSE	OF STATE E, FLORIDA	
2. Principa い23	Office Address	s Pky	3. Mailing Office Address 423 CoLomBus 7KY										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 03-22-2001					
City & State Hollywood FL			City & State Holly wood FL				5. FEI Number 4						
33021 Country BROWARD		^{Zip} 3302	1	Count	y Roward	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED S8.75 Addition for a Certific						
	Name WILLIAM WALTON Street Address (P.O. Box Number is Not Acceptable) 423 COLOM BUS PKY Suite, Apt. #, Etc. City Holly woon State Zip Code FL 33021												
Signature of	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 Date 12-1-04 REGISTERED AGENT MUST SIGN												
9. Names	and Street Addre	esses of E	ach Officer and	or Director (Flo	rida nonpro	lit corpo	rations must list at l	east 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo				ch or	City / State / Zip				
PST D	MEUT	-AM	MUZIACU	90	423	٥	olomBus	pkwy	Holly	woo C	, FL.	33021	
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							.,	12/0	2/040	1050-	-002 **	*400.00	
								12./0	[_11111= [2,/040	4 3 1 11050-	∃15U -003 **	*500.00	
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 feason for dissolution has been eighinated, 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: 2 - 1 - 0 4 954 558 24 (8)													