PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT STATEN			:	Katherir Secretar	TMENT OF ne Harris y of State corporations			F 11.	ED	8
DOCU 1. Corporat	JMEN [*] tion Name		00010°C			<i>اد</i> .			BEURETAR TALLAHASS	Y OF STAT SEE, FLOR	TE IDA
2. Principal Office Address 540 NW 165 54 Pock Suite, Apt. #, etc.				3. Mailing Office Address 540 Nw 165 St Road Suite, Apt; #, etc.				REINSTATEMENT (
City & State			City & State				4. Date Incorporated or Qualified To Do Business in Florida				
Zip	169	Country	ACU	10 Zip 3319		Country U)A		6.	er DOSYTS E OF STATUS DESIR	S8.75 A	Applied For Not Applicable dditional Fee required Certificate of Status
•	7: Name and Address of Current Registered Agent Name Cataling Jelkh Street Address (P.O. Box Number is Not Acceptable) 1267 Presido Drue Suite, Apt. #, Etc. City State Zip Code FL 33327										
8. I, being a Signature of Registered A		e registere		ve named corp			accept the ob	ligations of secti	on 607.0505 or 61	7.0503, F.S.	
ľ	and Street A	ddresses	of Each Officer and	/or Director (FI	orida nonpro						
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director							
P	Certa	lì no	z Jelu	ch	1567	Presid	io C	919.5C	mertan	, FL.	33127
								04/705	/0701010		300.00
this rein owed b	nstatement a y the corpora application is	pplication, ation have true and	the reason for diss	olution has bee names of indivi- ignature shall h	en eliminated duals listed d ave the same	, the corporate na on this form do no e legal effect as it	ime satisfies it qualify for a i made under	the requirements an exemption und r oath.	apter 607 or 617, F s of section 607.04	01 or 617.0401,	fy that when filing F.S., that all fees formation indicated