PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 SEP -5 AM 9: 02
DOCUMENT # (名つ 000	020092	SECRETARY OF STATE FALLAHASSEE. FLORIDA
BAR DOLLAR 2. Principal Office Address 3311-PRINCE Ed. ISIE Circ Suite, Apt. #, etc.	3. Mailing Office Address 3311 Prince Ed Isleair Suite, Apt. #, etc.	4000076345442 -09/10/0201045016 ****450.00 ****450.00
#4		4. Date Incorporated or Qualified To Do Business in Florida PPR: 1, 1, 1997
City & State	City & State	5. FEI Number Applied For
H. myers FL.	zip Country	59-3441287 Not Applicable
33907 Lee	33907 Lee	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 3311 TRINGE Ed. TSHE CIT Suite, Apt. #, Etc. # 4 City FL 33907		
Signature of Registered Agent		
Titles Name of	for Director Florida nonprofit corporations must list at le	
Officers and/or Directors	Officer and/or Director	!
Pro John Beys	3811-4 Prince Ed I	23907 Ft. myers FL. 33907 She Qir Ft. myers FL. 33907
ics, John Beys	3311-4 Prince Ed	Islean Ft. myers FL. 33907
O. 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 by signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		

SIGNATURE: