## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	ORATION CATEMENT	FORID	L DEPART Katherir Secretar, vision of ac		TE	SECRETAR DIVISION OF (	LED Y OF STATE CORPORATIONS  AM 10: 36
1. Corporation	MENT # P99000 Name E AGENT RACINO						
2. Principal Off P.O. I	Box 656	P.O. B	3. Mailing Office Address P.O. Box 656 Suite, Apt. #, etc.				
Civ. & State		City & State	City & State			orporated or Qualified usiness in Florida	08/26/99
Hailandale, Fl		1 1	Hallandale, Fl		5. FEI Num	nber .	X Applied For Not Applicable
<b>Zip</b> 33008	Country USA	Zip 33008		Country USA	6. CERTIFICA	ATE OF STATUS DESIRE	\$9.75 A.diki
		7.	Name and Ad	idress of Current Reg	Istered Agent		
Si	treet Address (P.O. Box No. $1401~{ m Brick}$ ulte, Apt. #, Etc. $_{7/2}$ $700$ ity Mi ami	ell Avenue				State Zip Co	5/0101070030 1 <del>88.98 ****</del> 300.00 
Signature of Registered Agen	ointed the registered agent	REGISTERED AC			the obligations of sec		0503, F.S.
9. Names and	Street Addresses of Each	Officer and/or Director (Flo	orida nonprofi	t corporations must list	at least 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PD W	Villiam Cesare		7000	SW 130th Ave	enue	Ft Lauder	dale, Fl 33330
		•			-		
				·			AD
this reinstate owed by the	ement application, the rease corporation have been pai cation is true and accurate,	on for dissolution has been d and the names of individ	n eliminated, ti fuals listed on ave the same i	he corporate name sati this form do not qualify legal effect as if made i	isfies the requiremen / for an exemption ur	its of section 607.0401	I further certify that when filing or 617,0401, F.S., that all fees i), F.S. The information indicated