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Jan 21, 2005 08:00 AM
Secretary of State

Mailing Address
POST OFFICE BOX 772243
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4. FEI Number 59-2937141	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

MIRANDA, CHRIS
2902 WOOLRIDGE DR.
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENSON, BOB 11104 HAMBLEY AVE. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIRANDA, CHRIS 2902 WOOLRIDGE DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASHE, KINGA 3007 WOODWARD DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80084-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE