PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILEDDADID FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State 04 NOV 22 PM 2: 37 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 2. Principal Office Address 3. Mailing Office Address 18146 **3868** ro Box Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified-To Do Business in Florida 1981 City & State City & State 5. FEI Number Applied For waida Not Applicable Country 6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 33458 33468 7. Name and Address of Current Registered Agent Name *ುಣ್ಯ* Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. ----State Zip Code City FL CR2E081 (01/04 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 MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Titles Officer and/or Director 18146 32418 CED ₺/04--01066--003 \*\*750.00 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 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 my signature shall have the same legal effect as if made under oath. on this application is true and accurate, and 11-19-04 201-241-0841 Daytime Phone #

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE AND TYPE