100 M

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		Secreta	RTMENT OF STATE ry of State corporations		0	FILED 5 DEC 20 PM I	: 52	
DOCU 1. Corporat	tion Name	64365 TOHN	7 R Parry,	P.A.	:		ELREIFRY UT S' LAHASSEE. FL	TATE ORIDA	
2. Principal Office Address 3. Mailing Office Address Correct BOSO HAVE ARE BILDEN POBOX 830968 Suite, Apt. #, etc. SHE. R						1/23/04 90005 023 \$550 W			
City & State W14 Zip 3388	er Haven	FL	OC ALA; Zip 3 4483	Country USA	To Do Busin 5. FEI Number 5. 9.1337 6. CERTIFICATE	EIN 693	3320536 38875 Addit	Applied For Not Applicable	
riect	7. Name and Address of Current Registered Agent								
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 Date 12.1.05 REGISTERED AGENT MUST SIGN									
9. Names	and Street Address	es of Each Officer and	or Director (Florida nonp	rofit corporations must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
Pres.	JoHn K	2 Pairy	151-	29 SE 103 rd1	<i>oy Rd</i> 51 12 70	<i>00a</i> JOO +05-	<i>IA FL</i> 321 6198445 ₀₁₉₂₀ 001 *	7 <i>9 .</i> 15 \$200,00	
	Ken me	er, has	SINCE ;	PASS AWRY	altew !	yrs.	a90)	M/21	
this rei	nstatement application by the corporation ha	on, the reason for dissove been paid and the	olution has been eliminate names of individuals listed	I to execute this application as id, the corporate name satisfied on this form do not qualify for me legal effect as if made undo	s the requirements an exemption unde	of section	607.0401 or 617.0401, F.S 119.07(3)(i), F.S. The inform	., that all fees nation indicated	
SIGNA	TURE: SIGNATU	RE AND TYPED OR PR	ATTY NTED NAME OF SIGNING O	FFICER OR DIRECTOR	/0) . / . 0 Date	75 9 Daytime Pho	119	