PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SCREAM OF SIATE FALCHION 1. Corporphien Name VALUE X PORC LOW 2. Principle Office Address of Low Address of	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 04 DEC 29 PM 5: 00			
Clip & State State	 Compreti 	ion Name		P.					
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Applied For	City & Chat			C'h 8 C'h	 ,	<u> </u>	4. Date Incorp To Do Busir	orated or Qualified 11-13-1-9	
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7. Name and Address of Current Registered Agent Name Sore Address (P.O. Box Number & Not Acceptable) Sure Address (P.O. Box Number & Nu	Zip 33	134 Countr	VUSA	Zip 33134	Country	5A		S8.75 Additional Fee requi	ired
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 6, Etc. City BORM GARDLES 8. I. being appointed the registered agent of the above named corporation, am lagnifier with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent of the above named corporation, am lagnifier with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Addresses of Each Officer and/or Directors P. Names and Street Addresses of Each Officer and/or Director (Ponda nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Ponda nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors P.D. VALVES FLEET MEANIA I LIO BUMMY LUB PRADO P. GABLES H. 32 34 I.O. VALVES FLEET MEANIA I LIO BUMMY LUB PRADO P. GABLES H. 33 34 I.O. VALVES JOSE R. LUB BUMMY LUB PRADO P. GABLES H. 33 34 I.O. Lordity Inst. 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 Iting this certainterman application, the reason for disorbition has been eliminated, the components name satisfies the requirements of section 607.0401 or 617.0401; F.S. that all lices owned by the corporation have been paid and the rames of Individuals leaded this from or not exemption under section 119.07(3)0, F.S. The Information indicated on this application is true and occurate, and my signature shall have the series legal effect as if made under oath. SIGNATURE: Expectature and to purpose a paid and the names of Individuals leaded this from on everyption under section 119.07(3)0, F.S. The Information indicated on this application is true and occurate, and my signature shall have the series legal effect as if made under oath.									
Suite, Apt. #. Etc. City CORAL CAROLES ### Application, and some or provided 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 Registered Agent Must signal and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) #### Application, Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) ###################################		Name	100E K	1. VALDES					
Suite, Apt. #, Etc. City Cit		Street Address (P.O. Box Number is Not Acceptable)							
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1D VALOR 5 JOSE R. LID BUMRY BUS PRADO CABUS H · 3313 4 9D VILLES JOSE R. LID BUMRY BUS PRADO CABUS H · 3313 4 10. 1 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 over by the corporation have been paid and the names of individuals listed of 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 my signature shall have the safe legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #	Titles							City / State / Zip	
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