DOCUMENT # 682001 1. Corporation Name SECRETARY OF STALLAHASSEE, FLO CROMWELL A. ANDERSON, P.A. Principal Place of Business Mailing Address 100 S.E. 2nd Street 100 S.E. 2nd Street 17 Floor 17 Floor Miami, FL 33131-1101 Miami, FL 33131-1101 H above addresses are incorrect in any way. line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc.	2: 02
100 S.E. 2nd Street 100 S.E. 2nd Street 17 Floor Miami, FL 33131-1101 Miami, FL 33131-101 Miami, FL 33131-101 * Boxe address are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address if Applicable Suite: Apli * etc. Guy & Sianc Suite: Apli * etc. Guy & Sianc Country 20 Country 21 Country 20 Country 21 Country 22 Country 23 Country 24 Country 25 Country 26 Country 27 Country 28 Country 29 Country 20 Country 20 Country </td <td></td>	
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Zp Country Zp Country CERTIFICATE OF STATUS DESIRED Inter Carter 7. Names and Steel Addresses of Each Other and/or Director (Fonda nonprofit corporations must list at least 3 directors) Street Address of Each Others Inter Carter 7. Names and Steel Addresses of Each Other Name of Others 3 (Do NOT Use Post Others of Each Others) Inter Carter 7. Names and Steel Addresses of Each Other Inter Carter Inter Carter Inter Carter 0. P.P. ANDERSON, CROMWELL A. 100 S.E. 2 St., 17 Floor Miami, FL 33131- 7. S SDODDC212EE411 B3/271-011110 Mame and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of Number is Not Acceptable) Street Address of Current Registered Agent And Each Other is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Addr	80 Applied F Not Appli
Name of Officers Street Address of Each Officer and/or Directors City / State / Zp D,P, ANDERSON, CROMWELL A. 100 S.E. 2 St., 17 Floor Miami, FL 33131- T,S SDDDD2212E411 SDD02212F-01110 *****915.00 Miami, FL 33131- SDDD2212E411 SDD02212F-01110 *****915.00 SDD02212E411 *****915.00 SDD02212E411 *****915.00 SDD02212E411 SDD02212F-01110 ***** SDD02212E411 *****915.00 SDD02212E411 *****915.00 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ANDERSON, CROMWELL A. 100 S.E. 2nd Street, 17th Floor Miami, FL 33131-1101 Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) State 2/p Code Suite, Apt. #, Etc. City State 2/p Code City State 2/p Code Date J. being appointed the registered agent Date 3/18/9 I. being tere of agent Hebistered Agent Date 3/18/9 J. Does this corporation pay any intangible tax to the Stee other side for interman	onal Fee re icale of St
T,S SDDDD212E411 B32737m01110 *****315.00 ***** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ANDERSON, CROMWELL A. 100 S.E. 2nd Street, 17th Floor Miami, FL 33131-1101 Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt #, Etc. City State 20 Code FL 31 Street Agent Date 3/18/97 Date 3/18/97 It. Does this corporation pay any intangible tax to the	
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0. I, being appointed the registered agent of the above period Orporation, am familiar with and accept the obligations of Section 607.0505, F.S. signature of tegistered Agent Date BEGISTERED AGENT MUST SIGN 1. Does this corporation pay any intangible tax to the	e
1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No	
	ation
2. 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 w 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	