PLE/ISE READ ALL INSTRUCTIC NS BEFORE COMPLETING THIS FORM.

	ORATION ATEMENT	FLO	RIDA BEPART Katherin Secretary DIVISION OF CO	r of State	***		FILED 23 PM 3		
	1ENT##	75360			TALLAH	TARY OF ST ASSEE, FLO	RIDA		
HOUS	se of , ch of 0	PROYER	e lemnatio	in INC					
Marc		400	DEBRN .	St. Louis	XX				
2. Principal Office Address			3. Mailing Office Address 312 NE 1415+		i	STATE	MENT	92-0) [
Suite, Apt. #, etc.			Suite, Apt. #, etc. UNIT B		4. Date Incorporated or Qualified To Do Business in Florida 5/1/2001				
City & State			City & State North MINNI, FC		5. FEI Number Applied For				
Zip	Country	Zip	33161	iountry DAOE	6.	<i>-20003</i> E OF STATUS DE	\$8.75	Not Appl	icable equired
7. Name and Adı ress of Current Registered Agent									
State Zip Code State Zip Code Zip									
8. I, being appo		 -	ed corporation, am far	iliar with and accept the o	bligations of section	on 607.0505 or			(20/6)
Signature of Registered Agen	athur a	J. Streets REGISTER	ZI RED AGENT MUST S	GN		Date	4/19/	101	CR2E081 (9/00)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofi				corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director City / State / Zip				Zip	
PIDB	ishop AR	thun Str	ector 185	30 NW-47	TEMENU C	· MIA	Mi, FL	3315	5
10/	YARY A	USSE//	1216	NE 110	TERR	Nonto	MIN	FL 33	161
5/D M	Jothen D	Debra St.	Unis 31.	2 NE 1418	<i>f</i> -	Noath	MIDNI	FL 331	61
7/0 B	prothen B	arry Russi	11/12/0	TOILBU	err		MIANI,		11
10 Loadify that	Lam an officer as disent	or or the receiver at the	otto ome and a	you do this or the time				A Marie Marie Control	
this reinstate owed by the	ement application, the re corporation have been	eason for dissolution had paid and the names of	as been eliminated, f individuals listed or	execute this application as particle corporate name satisfies this form do not qualify for egal effect as if made under	the requirements an exemption unde	of section 607.0	0401 or 617,0401	. F.S., that all fee	es II
SIGNATUR	E: arthur signature and	TYPED OR PRINTED NA	ME OF SIGNING OFF	ER OR DIRECTOR	4	///9/0 Date	Daytime	Phone #	.