PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2p Country USA 338 L8 USA CAPTURE: 6. CERTIFICATE OF STATUS DESIRED S376 Additional Fee requirements of Current Registered Agent 7. Name and Address of Current Registered Agent Name 1. Name Address of Current Registered Agent 1. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 1. Deling appointed the registered Agent of the above wheel complete the registered Agent Agent of the above wheel complete the registered Agent Agent of the Address of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors) 9. Name and Street Address of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors) 1. Titles 1. Deling appointed the registered Agent of the Address of Each Officer and or Director Officer and or Dire	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	:	FILED 07 APR -2 PM 2: 02	
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director PVD Kernit weeks 509 Edgwater Dr. Polk City, Fc 33860 STD Marta S. weeks. 7350 Sw 162nd Street Miami, Fc D Ned Bliss 38 Bullard St. Sherbare MA 1 1003600213131 14 /105 /107 - 101043 - 1024 ** 4201 ftb 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this ambication as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, this reason for dissolution has been eliminated, the corporating mast estilisties the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the purpose followidus skeld on this form the memption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall hard the same legal effect is if made under oath. SIGNATURE: **Note The City / State / Zip **Note	Signature of JAMA HATTANA DE CONTRACTOR DE C				
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SIGNATURE AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					