PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation hame Timbe clane Quiners Association Satural Association Satural Association Satural Association Association Satural Association Timbe country		RPORATION STATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		O3 AUG	FILED 26 PM 3: 44		
2. Principal Office Andrews 5 300 NW 38 th Pl 6 000 Business in Foods 6 Set Pl Namines Foods						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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20 32606 Country USA 32606 Country USA 32606 Centrevet Registered Agent 7. Name and Address of Current Registered Agent Name Stand Rome Ft Street Address (P.O. Box Number is tree Acceptable). A P. 08/26/03-01032-003 **23 .50 Suite, Apt. 8, Etc. City Gaine Suite The above named corporation, an familiar with and accept the obligations of section 607.0500 or 617.0500, F.S. Signature of Registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0500 or 617.0500, F.S. Signature of Registered Addresses of Each Officer ander Director (Forda nonprofit corporations must light at least 3 directions P. Names and Street Address of Each Officer ander Director (Forda nonprofit corporations must light at least 3 directions P. Stan Bon Bit 56.34 NW 38 th Gaine Suite, Fl. 326066 VP Ron McVicar 3501 NW 53 the Gaine Suite, Fl. 326066 VP Ron McVicar 3501 NW 53 the Free Gaine Suite, Fl. 326066 D. Locity Fifth Show II 5328 NW 38 th Gaine Suite, Fl. 326066 D. Paf Showe II 5328 NW 38 th Gaine Suite, Fl. 326066 D. Locity Intel Ian an officer or the nonlow or fundem empowered to execute this application as provided for in chapter 607 or 617, F.S. The information indicated on this spoke companion on the application is a provided for in chapter 607 or 617, F.S. The information indicated on this application is a provided for in chapter 607 or 617, F.S. The information indicated on this application is a provided for in chapter 607 or 617, F.S. The information indicated on this application is a provided for in chapter 607 or 617, F.S. The information indicated on this application is seen and accurate, and they the same legal effect as if made under codi. Signatures: When the provided for inchapter 607 or 617, F.S. The information indicated on this application is the ord accurate, and they shall have the same legal effect as if made under codi.				culla El	5. FEI Numbe		[<u>L</u>	Applied For	
7. Name and Address of Current Registered Agent Name Stan Bone Ft Street Address (P.O. Box Number is Not Acceptable) A Sulte, Age. A, Exc. City Game Sulle B. 1, 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. Signeture of Registered Agent PEGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer endor Director (Florida nonprofit corporationa must left at least 3 directors) Titles Officer and/or Director Officer and/or Director Officer and/or Director Fig. 3, 2000 P. Stan Bonest Stant State City (State 25 2003 Street Addresses of Each Officer endor Director (Florida nonprofit corporationa must left at least 3 directors) Titles Officer and/or Director Officer and/or Direct	Zip	p Country Zip		Country	6. CERTIFICATI	6. CERTIFICATE OF STATUS PERSON ITL \$8.75 Additional Fee required			
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State Zip Code Zip Zip		Street Address (P.O. Box Number is Not Acceptable) 1							
Signature of Registered Agent Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at less 3 directors) Titles		City Gamesu	ille	8	#			<u></u>	
Titles Officers and/or Directors Street Address of Each Officer and/or Directors P Stan Bonett 5634 NW 38 th Gainesulle, Fl. 32606 VP Ron McVicar 3501 NW 53 th Terr Gainesulle, Fl. 32606 Sec/ Wancy Harfley 5506 NW 38 th Pl Gainesulle, Fl 32606 D Lucy Griffin 5402 NW 38 th Pl Gainesulle, Fl 32606 D Pal Stowe 11 5328 NW 38 th Pl Gainesulle, Fl 32606 D Bill Dishman 31622 NW 53 th Terr Gainesulle, Fl 32606 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 filing 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 owed by the corporation have been paid and the names of indiverbals listed on this form do not qualify for an exemption under section 119,07(3)(1), F.S. that all fees owed by the corporation have been paid and the names of indiverbals listed on this form do not qualify for an exemption under section 119,07(3)(1), F.S. that all fees one of the polication is true and accurate, and my significant with the same legal effect as if made under oath. Nancy Hartley SIGNATURE: Manual Hawkilden	Signature of Ataule Bones Date alea 25 2003								
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Stan Bonett 5634 NW 38 th Gainesulle, Fl. 32606 VP Ron McVicar 3501 NW 53 ^{ch} Terr Gainesulle, Fl. 32606 Sec/ Tiens. Nancy Hartley 5506 NW 38 th Pl Gainesulle, Fl. 32606 D Lucy Griffin 5402 NW 38 th Pl Gainesulle, Fl. 32606 D Pat Stowe II 5328 NW 38 th Pl Gainesulle, Fl. 32606 D Bill Dishman 31622 NW 53 ^{ch} Terr Gainesulle, Fl. 32606 10. 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 when filing 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 owed by the corporation have been paid and the names of individuals issed on 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 same legal effect as if made under oath. Nancy Hartley SIGNATURE: Name Alaskley	Titles			Officer and/or Director		City / State / Zip			
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SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR Day Day Brone #	- U								

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