, ,	PLEASE REAL	) ALL INSTF	RUCTIONS BEFOR	E COMPLE	TING THIS FORM	۷. ت ت ت	
	ORATION ATEMENT	Se	DEPARTMENT OF STATE Secretary of State Ision of corporations		SECHELANASSEE, FLORIDA		
1 Compretion	MENT # F0300 Name STENIOS Crist			<i>ν</i> <sub>ζ</sub>	TÄLLA	HH20-	
13440	palm peach, Fr	<i>)</i> ·		5	500087358 05/0701010028	195 **306.25	
2. Principal Off	iice Address	3. Mailing Offic	3. Mailing Office Address		CR2E081 (12/05)		
Suite, Apt. #, etc	<u> </u>	Suite, Apt. #, etr	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10 - 21 - 2003		
City & State		City & State	City & State		mber - 0316276	Applied I	For
Zip	Country	Zip	Country	6.	· · · · · · · · · · · · · · · · · · ·	Not Appl  \$8.75 Additional Fee r  for a Certificate of S	requirea
		7. Na	me and Address of Current Re	eqistered Agent		10/-3-5-11	THE
s	Claudio Street Address (P.O. Box Number is 1344057 Suite, Apt. #, Etc.  City Royal, Palm	Not Acceptable)	REINST/		State Zip Code FL 33411		
Signature of Registered Ager		REGISTERED AGEN	NT MUST SIGN		Date 12 - 2	F.S. 28. 2006 ,	
9. Names and	d Street Addresses o Each Officer a	and/or Director (Floric			3)		
Titles	Name of Officers and/or Directors		Street Address o Officer and/or Di		City / State / Zip		
PC. C	Claudio @ Gonzalez.		13440. 57TH PLN		Royal pulm !	serely. Fr.33	<i>\$11</i>
	Fluatinda Gont		13440 57+H PL N		، ، ما	Seech 72 33	
	Lualinda Gonz	1262·	13440 57th PL N		Royal Palm	Dayle Fl 33	414
Sc. C	omar cepedo	١٠ /	13440 57+41	PLN	Royal pulas:		
this reinstat owed by the	at I am an officer or offector or the re tement application the reason for d the corporation have been pard and the	fissolution has been e he names of individua	eliminated, the corporate name sa	atisfies the requirem lify for an exemption	nents of section 607.0401 or 61	7.0401, F.S., that all fe	ees

SIGNATURE:

01/22/07.