gi⊒0 Phari	PLEAS	E READ A	ALL INST	BUCTIONS	S BEFORE (OMPLET	ING THIS	FORM		
J	ICATION FOR TATEMENT		FLORID		NT OF STATE arris State	S	FILE ECRETARY SION OF CO	EU OF STA 1E	Ns	
DOCUMENT # F9500000556							99 NOV -3 AM 8: 47			
Corporation	583 5	awg rass	Corpora	te Parku	ies,Ltd.,Inc. vay	I	nooos -1171	3 046 9 7/99016	158 1 117032	
Principal Place of Business Mailing Address						1			**1208.75	
•	Same a	s about	•		REINS	TATEN	NENT_	9	6-99	
If 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						4. Date Incorporated or Qualified				
Suite Apt #, et	tc		Suite, Apt. #,	etc.		To Do Busin	ness in Florida b, 1995		<u> </u>	
City & State			City & State			65-0551231 Not Applicable				
Zip	Country		Zip	Count	lry	6. CERTIFICATE	E OF STATUS DESI	RED S8 75 A	dditional Fee required Certificate of Status	
7. Names and	Street Addresses of E		r Director (Flo		rations must list at lea					
Title(s)	Name of Officers and/or Directors			l o	ficer and/or Director Jse Post Office Box N	•	4	City / State /	Zip	
V.P.	Robert Ro	othier		583 Sau	grass Corp.	Play Surise	Sui	Wise FL	33325	
P.]					Sancas above					
Sec. Tiffany Richards				Same as above						
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent -crt (しゅっ サドゥィ -C.O. Box Number is Not Acceptable)) ルル 40 サ シャ。			
The Frontier-Hall Corp. Systems 1201 Hoys Street Sile 105					Street Address (P.O. Box Number is Not Acceptable) 1047					
Ta	Mahassee,	FL 32	301		City Sunci	sc		State Zi	33351	
 I. being app Signature of Registered Age 	pointed the registered a	agent of the abov	e named corpo	ration, am familiar w			•			
				ENT MUST SIGN	• • •					
	corporation ogible Person				Yes		<u>r "</u>	See other side for on intangible		
this reinstate owed by the	I am an officer or direct ement application, the ecorporation have bee ication is true and accu	reason for dissoli n paid and the na	ution has been ames of individu	eliminated, the corp als listed on this fo	orate name satisfies rm do not qualify for a	the requirements an exemption und	of section 607.04	101 or 617.0401.	F.S., that all fees	
SIGNATUR		D TYPED OR PRIN	TED NAME OF S	Robert IGNING OFFICER OF	Norther DIRECTOR	10)-6-99 Date		76-17/2 Phone #	