PLEAS	SE READ ALL INS	TRUCTIONS BEFO	RE COMPLETING TI	HIS FORM.
CORPORATION	NID.	Secretary of State VISION OF CORPORATIONS	∰ikan	F1L-ED JL 16 PM 2: 34
DOCUMENT #F9 1. Corporation Name		. SECRE	TARY OF STATE IASSEE, FLORIDA	
THE BALM IN	PLACE SC	CITE 104		
BLBE # 2932 APOPKA FLO 2. Principal Office Address SUR (V SM? Suite, Apt. #, etc. Surf No. 2939 Suite, Apt. #		Office Address	70002 07/18/030	1048987 1079020 **183.75
SUITE NO 104 8LDC 2932 City & State City & Sta			4. Date Incorporated or To Do Business in Flo	
APOPKA-FLA		·/-	5. FEI Number	Applied For Not Applicable
Zip Country 3 2 7 9 3 4 5	Zip	Country	6. CERTIFICATE OF STATUS	\$8.75 Addison Francis
Name V. JEREMIAH MORGAM PRESIDENT / ELSER Street Address (P.O. Box Number is Not Acceptable) 600 EDEEHILL PLACE Suite, Apt. #, Etc. BLDG No. 2932 SuiTE No. 104 City APOPKA State Zip Code FL. 32703				
8. I, being appointed the registered Signature of Registered Agent	TYVI CHA GUN REGISTE RED AG	GENT MUST SIGN	Date <u>·</u>	15 or 617.0503, F.S. TULY 10, 2003
9. Names and Street Addresses of Each Officer and/or Birector (Florida nonprofit corporations must list at lease. Name of Street Address of Each				
Titles Officers and/or Directors		Officer and/or I	Director	City / State / Zip
PRES V. JEREMIAH NORGAN DIZ PATRICIA E MORDECAI		C/D GOD EDGEHIO		RA, FL 32703
GEE! ANA FELI			1 CIRCLE LONG	
CCT LES/JE P R	os E	29 OLD KANGE A	18 P. J. R. L.	1 COAST, FL 32137
this reinstatement application, the owed by the corporation have be	e reason for dissolution has been paid and the names of indivi	en eliminated, the corporate name	satisfies the requirements of section alify for an exemption under section	r 617, F.S. I further certify that when filing 607.0401 or 617.0401, F.S., that all fees 119.07(3)(i), F.S. The information indicated

July 10, 2003 (407-862:2099)

Date Daytime Phone #