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SIGNATURE:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | | | 5. | | | | | | • | | | . I i i i i i i i i i i i i i i i i i i | | |
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| | RPORAT STATEM | ₹ | | 5 | DEPARTI Katherine Secretary | Harris | s Ə | TE | | | SECRETA VISION OF OI APR 1 | | | |
| Corporat | | tim In | te rnn | TW C TWAL THONAL MFg. | , INC. | · | (| | | | | | | |
| 11051 US Highway 98 33376 | | | | | | ree l |) _{e.} | E-1 | EINSTATEMENT 00-000 | | | | | |
| uite, Apt. # | -, etc. | | | Suite, Apt. #, | etc. | | | | 4. Date Incorporated or Qualified To Do Business in Florida | | | | | |
| ity & State | ر ا م ر م ر م ر م ر م ر م ر م ر م ر م ر | | | | City & State DADE CITY FC | | | | | 212 | 3304 | | Applied For Not Applicable | |
| 3 3 52 | | Country US | 1 | Zip 3352 | | Country | 5 A | | 6. | •• ••• | S DESIRED | \$8.75 Addit | tional Fee require | |
| | , | | | 7. N | lame and Add | ress of C | urrent Reg | nistere | ed Agent | | | | | |
| - | Name C-PE66 A. LYNCH, CPA Street Address (P.O. Box Number is Not Acceptable) 14144 S1×TH ST -Suite, Apt#, Etc: | | | | | | | - a= 4 | 700040352372 -04/20/0101057084 ****900.00 *****900.00 | | | | | |
| | City D 🛧 | DE | CITY | FL | 33 | 3525 | · | | | State FL | Zip Code | | ┨ _ | |
| I, being a ignature of egistered A | - 5 | registered ag | ent of the abov | gistered corpo | , | | and accept | the obl | ligations of sectio | n 607.050 Date _ | 5 or 617.0503, 4~/ | | . | |
| • Names | and Street Ad | ddresses of Ea | ach Officer and | or Director (Fla | rida nonprofit | corporatio | ns must list | t at lea | st 3 directors) | | | | | |
| Titles | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | | | | |
| P | XINO | QIONG | <u> </u> | | 11051 | Ú5 | Hw | 98 | , | DAO | € <1T | y FL | 33525 | |
| 5 | HONG | s tu | , | | 11051 | US | Hwy | 9 | 8 | DA | E CII | y FL | 33252 | |
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| D. I certify this rein | that I am an o | officer or direct | tor or the receivesson for disso | ver or trustee en | npowered to ex eliminated, the | xecute this | application e name sat | n as pro | ovided for in chap | oter 607 or | 617, F.S. I furt 507.0401 or 61 | her certify th. | at when filing , that all fees | |

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.