

**CORPORATION
REINSTATEMENT**



FILED

2007 OCT -2 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA:

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 11-08-1983

5. FEI Number	Applied For
59-2341566	Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Name Adam Sep Lowe

Street Address (P.O. Box Number is Not Acceptable)
33855 US 19 N.

Suite, Apt. #, Etc.

City PALM HARBOR

State FL	Zip Code 34684
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Signature of
Registered Agent

and the registered agent of the above named

Allen Spence

REGISTERED

Date 8/11/07

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ADAM Sep Lowe	33855 US 19 N.	Palm Harbor, FL 34684
D	INGRID Sep Lowe	33855 US 19 N.	Palm Harbor, FL 34684
			<div data-bbox="982 1577 1429 1631"> <div>800108900208</div> <div>08/31/07--01027--003 **750.00</div> </div>
			<div data-bbox="982 1638 1429 1692"> <div>800108900208</div> <div>10/03/07--01010--022 **150.00</div> </div>
		<div data-bbox="409 1659 912 1726"> <div>REINSTATEMENT</div> <div>06-07</div> </div>	

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 listed on this form do not qualify for an exemption contained in Chapter 119, 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.

SIGNATURE:

ADAM SEPLOWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dante

Daytime Phone # _____

8/11/07 813-404-1588

10/4 w