OC PLASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Mame MARY Low Bould Status 100003913172 018	REINT TENENT	IDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of Corporations	FILED LURETARY OF STATE THISION OF CORPORATIONS OI MAR 22 PM 5: 10	
2. Principal Office Address 2. Principal Office Address Sulfis AD R. clic. 2. Principal Office Address Sulfis AD R. clic. 3. Mailing Office Address Sulfis AD R. clic. 4. Data incorporated or Oxidified To Ox Business in Fiorida 5. FEI Number 6. CERRIFICATE OF STATUS DESIRED 6. CERRIFIC	DOCUMENT# H25500			
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Suite, Apt. #, etc. Suite, Apt. #, etc.			1	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sute, Apt. #, Etc. City Sute, Apt. #, Etc. City South DAGTONA State Signature of Registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date Name of Officer and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors P. D. MARCY Law Box VIN Suret DAGTONA, F.Z. 3211.9 10. Learlify that I arif an officer of director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eleminated, the corporation and provided for in chapter 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eleminated, the corporation in the component name satisface the requirements of section 607,0401 or 617,0401, F.S., that all fees owned by the corporation in the names of individuals leaded on this form for on classify the component name section 607,0401 or 617,0401, F.S., that all fees owned by the corporation in the names of individuals and the realist fore institute or country for the confidence of the component of the premate of institute or country for the country for the requirements of section 607,0401 or 617,0401, F.S., that all fees				
South DAGTOWA 5. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent	Name MARY Loc Bowler Street Address (P.O. Box Number is Not Acceptable) 2983 BRISTOL LANR 200003913173-5 -03/28/01-01009-018 ****300.00 *****300.00			
Registered Agent Registered Agent RecistEreD AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors): Titles Officers and/or Directors Street Address of Each Officer and/or Directors City / State / Zip P D MARG For Borry Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors City / State / Zip 10. I certify that I am an officer of 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 eluminated, the corporation have been paid and the names of individuals listed on the form of our outside for on equality for an exercision by Devalor of 817,0401, F.S., that all fees over the corporation have been paid and the names of individuals listed on the form of our quality for an exercision to 10.7430, F.S. That all fees	1	4		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				