PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

=.3541

		a
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE . Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 DEC -4 AM 2: 34
DOCUMENT # 259 -	130	SECRETARY OF STATE TALLAHASSEE FLORIDA
ALL AMERICA	JUE 1140 hode	
2. Principal Office Address	3. Mailing Office Address	
1882 PORTER LAKED	-50	DEMOTATEMENT ()
Suite, Apt. #, etc.	Suite, Apt. #, etc.	MEHADIAIEMENI
-tt /5/	1	4. Date Incorporated or Qualified To Do Business in Florida
City & State	-City & State	
SARASOTA 71		5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	Contracting the second
342% USA		G. CERTIFICATE OF STATUS DESIRED 58.75, Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
PATRICIA MAXEY		
Street Address (P.O. Box Number is Not Acceptable) 50003500415#-1 -12/13/00-01104-012		
7855 61.25 72 -12/13/0001104-012 Suite, Apt. #, Etc. ****750.00 ****730.00		
3016, Apt. W. C.C.		
City SARASSIA		State FL Zip Code 7 233
8. 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 Begistered Apent		
Registered Agent Date Date		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
		
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	
		0 / 0/ 2/222
TEOS PATRICIA MAX	1 251 E 236h Ar	(2 SALAISTA 71-34233
U-Par Janes MA	1 22,18 2284 HAY	SALASTIA AL 34233
Say-TREA Mylas K.)	1040 3985 HOLON	ST. SANASIA 71 34231
	10-	KE
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 filling 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 under section 119.07(3)(i), 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: TOTALE (TOTALE MANY 12-1-00 378-923)		
SIGNATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #