## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISION OF CORPORATIONS  ON AUG -6 AM 10: 17  DOCUMENT # LOCOCCOC632									
2. Principal 13340 Suite Apt. #, 245 City & State	trapolid Office Address OF etc.  Contry Country	An Can	3. Mailing Off 13340 Suite Apt. #, e 240 City & State	10.001	on th	4. State/Coul 5. Date Orga To Do Bus 6. FEI Numb	nized or Qualified iness in Florida JCC er SA 01848	XX EL Applie	ed For upplicable
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Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  City  State  S									
10. Names and Street Addresses of Managing Members/Managers Titles Name of				Street Address of Each Managing Member/Manager			City / S	State / Zip	
MGR	Managing M	Wembers/Managers	s		· .	Repor Ct	Widow	· · · · · · · · · · · · · · · · · · ·	1766
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Manager  Date 13. Daytime Phone# 10.7 - US-1-UN Typed or printed name of signing Managing Member/Manager									