## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	- CARLES AND A STATE OF THE PARTY OF THE PAR	Secr	PARTMENT OF STATE etary of State of Corporations		09, 2006 8:00 etary of State	A.M.
1 Corporation Name	NT#L010000 RI of Louisia					
4400 Bayou Blvd - 4406 Suite, Apt. #, etc. Suite, Apt. #, Suite IS Suite, Apt. #, City & State City & State  Pensacola, FL Pens Zip Country Zip		Pensac	Bayou-Blud.	CR2E081-(8/05)  4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Street Address (P.D. Box Number is Not Acceptable)  4400 Bayou Blvo.  Suite, Apt. #, Etc.  City Pensacola  State Zip Code  FL 38503						
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 Registered Agent  REGISTERED AGENT MUST SIGN  Date						
9. Names and Stre	et Addresses of Each Officer an	d/or Director (Florida	nonprofit corporations must list at	least 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
MGRM EVE	elyn Pacheco	44	100 Bayou Blud., S	wite 15	Pensacola, FL 3	1 <del>4</del> 03
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this reinstateme	ent application, the reason for dis rporation have been paid and the	solution has been elin names of individuals	ninated, the corporate name satisf	ies the requirements or an exemption und	pter 607 or 617, F.S. I further certify that v of section 607.0401 or 617.0401, F.S., the er section 119.07(3)(i), F.S. The information	at all fees
SIGNATURE: Evelyn Pacheco (856) 494-2044  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  Date						