▲ Tear He	re 🔺		A Tea	r Here 🔺			
	PLEASE READ	ALL INST			COMPLE	TING THIS FOR	▲ Tear Here ▲ BM.
	PPLICATION FOR INSTATEMENT				9!	585	B
1. DOCUMENT # L01000019585 Name and Mailing Address				02 NOV 13 PH ID			
	0000786 01 FP 0.352 PRSRT T IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ուՍոՍոհդի	-661345 • 1.111			SECRETARY OF S TALLAHASSEE FL	ORIDA
2. New N	Mailing Address				4. State/Co	ountry of Formation	<u> </u>
City,-State,-Zip				FL 			(8)
Principal Place of Business 3700 34TH STREET SUITE 120 ORLANDO FL 32805 City, State, Zip			cipal Place of Busine	ss Address	╶╎──────	1ber 55494/	Applied For Not Applicable
			ρ		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee records for a Certificate of States of Sta		5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
930 SU	ESE, GARY B) S. HARBOR CITY BLVD. ITE 505 LBOURNE FL 32901	·	Street Address (P.O. Box Number is Not Acceptable) City			Zip Code	
	of GARY B - FRESE		ed liability company,		nd accept the ob		
		GISTERED AGE					
Title(s)	and Street Addresses of Each Managing Member/Manag Name of Managing Members/Managers		er Street Address of Each Managing Member/Mana			City / S	itate / Zip
MGR	ADAMS, JAY. Charles LA	HAT CHARLES LANCE		3700 34TH STREET		ORLANDO FL 3280	15
						00087372 /0201019004	1915
	:		ATEME	NT 21	102		
		ienad i	79 5 6 8 7 3 6 4				
	- By						
all fees as if m Signature of	y that I am managing member/manager or his reinstatement application the easo for s owed by the limited fiability company have hade under oath. fember/Mañager	been paid. The i	nformation indicated	on this application	is true and accu	ded for in chapter 608, F.S. I ies the requirements of sectio rate, and my signature shall h Daytime Phone # <u>407-</u>	n 608.406, F.S., and that have the same legal effect
_	nted name of signing Managing Member/				·(