

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 APR 11 PM 12:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

4. State/Country of Formation	Florida (USA)	
5. Date Organized or Qualified To Do Business in Florida	3/10/2003	
6. FEI Number	Applied For	
	Not Applicable	
7. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

accept the obligations of Chapter 608, F.S.

h ege	City / State / Zip
Dr. / 01405	Naples, FL 34109
200122303612	
04/07/08-01008--016	**416.25
6,08	

lication as provided for in chapter 608, F.S. I further certify that when
any name satisfies the requirements of section 608.406, F.S., and that
is true and accurate, and my signature shall have the same legal effect

Digitized by srujanika@gmail.com