## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION FLO	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # L040000	0117.44	
1925 Calais	DR. LLC.	
POILCO	84-111 A40	
757 NE 77th Terr, 75	57 NE 77th Tepa.	CR2E081 (12/05)
	2. Chata	4. Date Incorporated or Qual To Do Business in Florida 9/4
miami, FL. n	niami, Fz.	5. 34-197841Z Applied For Not Applicable
	3138 USQ.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
DONALD S. VERNON. JR.		
757 NE 77+n Terr.		
Miami, Fr. 33138		
		State FL
8. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date 9-19-06.  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	Oin ( Ohn - 17)
Pres DONALD S. VERNON	TR. 757 NE 77+~	Terr. Miam: FL. 33138.
The war o		700080460407 10/04/0601037003 ***700.00
Treas, DONALD S. VERNON	JR. 18820 A W. M	brth are. Brookfield, Wi 53045
Sec. Marie T. Verno	IN 18820 A W. NO	nthave BROOKFIELD, W:,53045
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	िस्टार्डिश	ATEMENTO 5-06
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 contained in Chapter 119, 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: WASHATIBE AND CONTROL MALLE OF CHANGE OF CHESCORY OF CH		