	PLEASE READ A	ALLINST	BUCTIONS	BEFORE C	OMPLETI	NG THIS F	ORM		
₹5\	PLICATION FOR STATEMENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF CORPORATIONS		APPROVED AND FILED					
DOCU	JMENT # M23769		00 DEC 12 PM 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Palm Beach, FL 33480 P.O. B Palm B If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir Suite, Apt. #, etc. Suite, Apt. #,			Fazilian Avenue Box 3120 Beach, FL 33480 Information and enter correction below. Ing Office Address, If Applicable		PREINSTATEMENT 98-00 4. Date Incorporated or Qualified To Do Business in Florida 11/25/1985 SP 5. FEI Number Applied For				
City & State City & State Zip Country Zip			Country 59–260			05877 OF STATUS DESIR	\$8.75 Addition	lot Applicable al Fee required	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofit corporat	ions must list at lea	<u> </u>		Signora Certific	ale of Status 1	
Name of Officers Title(s) and/or Directors			Stre	et Address of Each cer and/or Director e Post Office Box N	1	4	City / State / Zip		
DST	T Martha Bagby			125 Brazilian Avenue			Palm Beach, FL 33480		
DP	Joseph R. Babgy	125 Brazi	lian Avenu	Palm Beach, FL 33480			80		
							8000035092388 -12/20/0001080004 ***1050.00 ***1050.00		
,									
8. Name and Address of Current Registered Agent Joseph R. Bagby 125 Brazilian Avenue Palm Beach, FL 33480				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
10. I, being Signature of Registered		3 agos	protion, am familiar wit	h and accept the o	bligations of Secti	Date	/11/00		
11. Th	is corporation owes or ha angible Personal Propert	s paid th y tax due	e current yea June 30.	ır Yes 🛭	No 🗆	(S	ee other side for inform on intangible tax.)	ation	
this rein: owed by	that I am an officer or director or the receiv statement application, the reason for disso the corporation have been paid and the n application is true and accurate, and my sig	lution has been ames of individ	eliminated, the corpor uals listed on this form	rate name satisfies in do not qualify for	the requirements an exemption und	of section 607.046	01 or 617.0401, F.S., th	nat all fees	
SIGNATURE: Joseph R. Bagby, President 12/11/00 SIGNATURE/AND TYPED OR PRINTED NAME OF PRINTE									