APPLICATION SIGNATE TO STATE FOR Surface of State of Stat	PLEASE READ AL	L INSTRUCTIONS I	BEFORF (	OMPLETIN	NG THIS FO	BM	
DOCUMENT # MODIO  COPPRISON THE DEVELOPMENT CORPORATION 98 DEC 14 AM 9:58  COLIAN DEVELOPMENT CORPORATION 911 SW 87TH TERRACE PLANTATION, FL 33324  Finances Place of Business  Mailing Address  Same as Above  Same as	APPLICATION FOR	FLORIDA DEPARTIVIN Saudra 5: 10 rt Secretary o St	T CO STATE had	SÉC	FILED RETARY OF ST	ATE.	<u></u> .
COLIAP DEVELOPMENT CORPORACTION 911 SW 87TH TERRACE PLANTATION, FL 33324  Mailing address  Same as Above  Same	DOCUMENT # MICHAD	, <u></u>	=· <del></del>			_	
PLANTACTION, FL 33324  Principal Place of Summers  Same as Above  PAGINSTATEMENT  PAGINSTATEME	1	CORPORATION		98 DI	EC 14 AM 9	: 58	
Same as Above   Same as Abov							
### SPINSTATEMENT   SPINSTATEM	Principat Place of Business N	failing Address					
Second process are recorded in any way, line through incorrect information and active correction below.	Same as Above S	ame as Above	Mili di 1880 anni				<u>.</u>
2. New Familpal Clince Accress, if Applicable 90.66 W. ATLANTIC BLVD 90.66 W. ATLANTIC BLVD 10/05/1987  Sulte, Apt. 9, etc. APT. # 417  COYAS ISIBLE COUNTY 29 33071 Country 65-0142400 STAR Additional Per reputation of CORAL SPRINGS, FL CORAL SPRINGS FL 33071  PSD LILITANA GOMEZ 90.66 W. ATLANTIC BLVD, #417 CORAL SPRINGS, FL 33071  11 FIGURE SPRINGS FL CORAL SPRINGS FL CO		<b>MEINSIAII</b>		97-98	3		·
9066 W. ATLANTIC BLVD 9066 W. ATLANTIC BLVD 75 De Business in Florida 10/05/1987  5. FEI Number 65-0142400  5. FEI Number	New Frincipal Office Address, If Applicable     New Mailing Office Address, If Applicable			4. Date Incorpora	ated or Qualified		
APT. # 417  APT. # 417  APT. # 417  Cry & State CORAL SPRINGS, FL CORAL SPRINGS CORAL	**************************************		To Do Busine	ss in Florida	5/1987		
CORAL SPRINGS, FL  20 3071	APT. # 417	APT. # 417			0.400		Applied For
33071 BROWARD   STORE   BROWARD   BR	CORAL SPRINGS, FL	CORAL SPRINGS, FL			2400	C0.7F - 1.0	
Name of Officers and or Directors   Siree Address of Early   A   City / State / Zip	33071 Country 20	33071 Country BROW	ARD	CERTIFICATE C	OF STATUS DESIRED	for a Cer	tional Fee required tificate of Status
Tide(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4  PSD LILIANA GOMEZ 9066 W. ATLANTIC BLVD, #417 CORAL SPRINGS, FL 33071  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title(s) and or Directors	Offic	er and/or Director		4	ity / State / Zip	· · · · · · · · · · · · · · · · · · ·
####300.00 *###900.00  ####900.00 *###900.00  ####900.00 *###900.00  ####900.00 *###900.00  ####900.00 *###900.00  ####900.00 *###900.00  ####900.00 *###900.00  ####900.00 *####900.00  ####900.00 *####900.00  ####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  #####900.00 *#####900.00  ######900.00 *#####900.00  ######900.00 *#####900.00  ###########################	PSD LILIANA GOMEZ	9066 W. ATI	ANTIC BLV	D, #417	CORAL SPRI	NGS, FL	33071
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MARTO RUIZ 911 SW 87TH TERRACE PLANTATION, FL 33324  Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE Suite, Apt. #, Etc. Suite 805  City CORAL SPRINGS FL 33134  10. 1, being appointed the registered perfortine above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Registered Agent PEGISTERED AGENT MUST SIGN  11. This corporation except or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for information on intangible tax.)  12. 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 filing this reinstalement apprication, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. I 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 under section 119.07(3)(f), F.S. The information undersection for an exemption under section 119.07(3)(f), F.S. The information undersection for the programment of this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information undersection is provided for in chapter 607 or 617.0401. F.S. The information under section 119.07(3)(f), F.S. The information undersection for the programment of the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information undersection is provided for in the programment of the corporation and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information undersection 119.07(3)(f) F.S. The information undersection 119.07(3					A 10-41		
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Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE  Suite, 40,1 #, Etc. Suite 805  City CORAL SPRINGS  FL 33134  10. 1. being appointed the registered section fine above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. This corporation eves or has paid the current year Intangible Personal Property tax due June 30.  Yes No Section 607.0505, F.S. I further certify that when filing this reinstalement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. It further certify that all flees owned by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propries and not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propries in propriestion for 20,0401, F.S. The intermetation propriestion for propriestion forms to propression in the propriestion for 20,0401, F.S. The intermetation propriestical forms to propression and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propriestical forms to propression and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propriestical forms to propression and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propression for 20,0401 or 617,0401, F.S. The intermetation propression and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation propression and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The intermetation and the names of individuals listed on this form do not qualify for an ex							
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City CORAL SPRINGS  10. 1. being appointed the excistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. This corporation except of the paid the current year Intangible Personal Property tax due June 30.  12. 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 filing this reinstalement 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 under section 119,07(3)(i), F.S. The intornation understed	PLANTATION, FL 33324 Suite, Apt. 4			).			
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SIGNATURE: 10/30/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Transport of The Control of The Co	DA			 10	172/08		; ;

LILIANA GOMEZ