PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # M62201	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	TE	15 DEC -3 M 9: 06	
1. Corporation Name			S. C.	
2. Principal Office Address - No P.O. Box# 125 Worth Ave	· · · · · · · · · · · · · · · · · · ·		•	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E081 (11/10)	
302.	te City & State		rated or Qualified ess in Florida / 987	
PALM BEACH.	,	5. FEI Number	-011-82/ Applied For Not Applicable	
33480 USA	Zip Country	6	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Lana T Marks			YES	
Street Address (P.O. Box Number is Not Acceptable) 125 WORTH AUE				
Suite, Apt. #, Etc.			900279710369 12/03/1501007024 **758,75	
PALM BEACH State Zip Code State 33480		80	v 1301UO/U24 **/38.75	
8. I, being appointed the registered agent of the above	e named corporation, am familiar with and accep	t the obligations of section	n 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Lawaf Market Date			Date	
O REC	SISTERED AGENT MUST SIGN		<u></u>	
9. Names and Street Addresses of Each Officer and/o	Street Address of	Each	City / State / Zip	
CEO LANA T. MARN	Officer and/or DI		PALM BEACH	
	SUITE 30Z		7LORIDA 33480	
REINS	TAIEMENI	DEC 0	3 2015	
		R. H	ואט	
10.5	10 - (a) (a-t-1)			
10. E-mail Address: /anaimarks@hotmail.com (To be used for future annual report notification)				
11. 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 reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees				

owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kaua & Maxilo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

581-655-3155

Daydine Phone #