PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secre	ARTMENT OF STATE tary of State		05 MAR 23 PM 2: 58	· ·	
DOCUMENT # NOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO					GECRETARY OF STAIL FALLAHASSEE, FLORIDA		
2. Principal Office Address 391 W. 32nd Street			3. Mailing Office Address 931 Village Blvd.				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 905 / 5			porated or Qualified Iness in Florida 01-27-2000	1	
City & State Riviera Beach, Fla.		City & State West Palm Bea	City & State West Palm Beach, Fla.		or Applied For		
z _{lp} 33404	Country United States	Zip 33409-1804	Country United States	6. CERTIFICATE	Not Applicable E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	4	
		7. Name a	nd Address of Current Regist	ered Agent		-	
	Name Karen Casterlow-Payne Street Address (P.O. Box Number is Not Acceptable)						
	391 W. 32nd Street Suite, Apt. #, Etc.						
	City				State Zip Code FL 33404		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date							
9. Names	and Street Addresses of Each Office	r and/or Director (Florida no	nprofit corporations must list at	least 3 directors)		1	
Titles	Name of Officers and/or Direct	tors	Street Address of Each Officer and/or Director		City / State / Zip		
Dir.	Anthony "Tony"Dorsett		6005 Keetering Court		Dallas, Taxes 75248	1	
Dir.	Ty Law		288 North Main Street		Sharon, Massachusetts 02067		
Dir.	Kenneth A. Payne		391 W. 32nd Street		Riviera Beach, Fla. 33404		
				9 04/1	00050669249 3/0501058023 **245.00		
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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 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., 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 information indicated on this application is true and accurate, and my atgnature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR Date Date							

Daytime Phone #

From: Kinned	h p. Payne
To: morquita	Williams

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