PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.

| DOCUMENT # NO 100000 GIQ 1. COPPOSITION SAME LOSOS, INC. POCUMENT NUMBER NO 2000000 BIZ 2. PRINCIPLE NO SAME Address PO BOX 45 2915 SUIDA, ADIL P. 400. SUIDA, ADIL P. 400 | | PORATI STATEM | | | | | Secretary | | | E | 03 DE(| FILE 215 F | M11: 2 | 0 | | | |
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| TGIESIA I MINISTENDOS CRISTANDOS LOGOS, TNC. DOCUMENT NUMBER NOZOCOCO 612 2. Principal Office Address 2140 MICHIGAN AUE PO Box 452915 Sulta, Api, 8; etc. 1. Calida Popularista in Fronta August 16 - 2002 City & State KISSIMMER FLORIDA 2. Politarista in Fronta August 16 - 2002 City & State KISSIMMER FLORIDA 3. Name and Address of Current Registered Agent Name Nor Berto Onto 34745-295 Oscaola 34745-295 Oscaola 34745-295 Oscaola 7. Name and Address of Current Registered Agent Name Nor Berto On Seco A Street Address of Diffice and Current Fregistered Agent Sulta, Api, 8; etc. City Orlando 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0005 or 617.0000, FS. Signature of Registered Agent Agent Florida nonprofit corporations must list a least 3 diveaces) 7. Name and Siret Address of Each Office and off Diffice and for Difficial registered Agent Critical Profits and Profits and Corporation must list a least 3 diveaces) 7. Name and Siret Address of Each Office and office in Company of Company of Company of Critical Profits and Profits and Confident Critical Profits and Critical Profi | 1 Corporation Name | | | | | | | | | | LCIAL TALLAH | ANT IN ISSEE, | FLORIN | iA | | | |
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| 2140 MICHIGAN AVE. PO BOX 45 29 16 Suits, Apt. R. etc. LISSITIMEE City & State City & State FLORIDA 7. Name and Address of Current Registered Agent NOR BERTO FONSECA Street Address of Co. Box Number is Not Acceptable) 1917 TEABUTY9 15. Name and Address of Current Registered Agent Nor Berto Fonsec Size Address of Co. Box Number is Not Acceptable) 1917 TEABUTY9 15. Name and Street Address of Status PRESISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name | DOCUMENT NUMBER NOZOGOOOBIZ | | | | | | | | | | | ATE | ME | NT (| 7 | کی آ | |
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| 7. Name and Address of Current Registered Agent Name Norbell Street Address (P.O. Box Number is Not Acceptable) 1917 Teaburry City Orland Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of 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 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 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 of City / State / 21p Code Registered Agent of City / State / 21p 9. Names and Street Addresses of Each Officer and/or Director (Porda nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors (Porda nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Titles Name of City / State / 21p Physical City / State / 22p Dhysical City / 22p Dhysical City / 22p Dhysica | | | | | | | | | | Not App | | | | | ot Applicable | | |
| Street Address (P.O. Box Number is Not Acceptable) 1917 Ten burry City Orland 8. i, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Must sign Date Officer and/or Directors Precistred Address of Each Officer and/or Directors Titles Name of Officer and/or Directors Name of Officer and/or Directors Officer and/or Director Delaudo, FL 32824 D ADA VELAZQUEZ IG17 TEABURRY D Luis D. Gonzalez 1917 TEABURRY CT. Orlando, FL 32824 D Luis D. Gonzalez 1917 TEABURS D No Bellow FL 34744 D Nose FAICON 337 Goir Clade Lissinnee, FL 34741 D Ruth VEGA 1701 Mabette St. Kissinnee, FL 34741 To Independent 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)(1), F.S. The information indicated on this application is true and advance, and my signature shall have the same legal effect as if made under costh. | 3474 | 144 OSCEO A 34745-2915 OSCEO/A | | | | | | | | | | CEDITIEICATE DE STATUS DESIDED [7] 3073 Additional Fee required | | | | | |
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| Sulle, Apt. #, Etc. City ORIAND State Zip Code FL 32824 8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Subsetto Foursean Registered Agent Re | | NOR BERTO FONSECA Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | 2453 | 305; | 44 | 1_ | |
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| SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | |