PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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•	REPORATION ISTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	.)	SECRETARY: OF STATE IVISION OF CORPORATION: 06 AUG 17 AM 11: 35
DOCI	JMENT # NO200	0002003		
	out Reach Deve	lopment, Ivc		
423	al Office Address West Church St	3. Mailing Office Address 423 West Church	<u>t</u>	CR2E081 (12/05)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4. Date Incorporated	
City & State	7. /	City & State	To Do Business in	2003
UKI	ANDO	ORIANDO, FC	5. FEI Number 010627	Applied For Not Applicable
32	801 0.5	32801 Country 5	6. CERTIFICATE OF ST	ATUS DESIRED \$8.75 Additional Fce required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) 123 West Church St Suite, Apt. #, Etc. City ORIANOI State Zip Code FL 3280/				
8. I, being appointed the jegistered/agent of the above narged corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent MUST SIGN Date Aug 13, 2006 REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of E Officer and/or Dire		City / State / Zip
P/D	FREDERICKLE	RANKSTK ORIANDO, FL	32805 OR	lando, FL 32805
I	KURT G CARRI	4827 MuiR 1	illage Rd De	PANOG FL 32808
5	C) AudiA FRAA	IKS 1133384h S	+ Ot	Claudo, FL 32805
			MOTATE	MENTO466
			900 09/29/09	079213908 01019003 ******
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. if 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: THE NAME OF SIGNING OFFICER OR DIRECTOR DEED DESYSTEM Phone #				