2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008511

FILED Sep 18, 2006 Secretary of State

Current F	Principal Place of Business:	New Principal Place of Business:	
P.O. BOX DELAND,	247 FL 32724		
Current Mailing Address:		New Mailing Address:	
P.O.BOX: DELAND,	247 FL 32724		
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did not recei		
Name and	d Address of Current Registered Agent:	Name and Add	Iress of New Registered Agent:
AMIRL SE	HAHRAM		
P.O. BOX	247 FL 32724 US		
P.O. BOX DELAND, The above		se of changing its re	gistered office or registered agent, or both
P.O. BOX DELAND, The above n the Stat	FL 32724 US e named entity submits this statement for the purpos	se of changing its re	gistered office or registered agent, or both
P.O. BOX DELAND, The above n the Stat	FL 32724 US e named entity submits this statement for the purpose of Florida.	se of changing its re	gistered office or registered agent, or both Date
P.O. BOX DELAND, The above n the Stat BIGNATU	FL 32724 US e named entity submits this statement for the purpose of Florida. RE: STEPHEN COHN		
P.O. BOX DELAND, The above n the Stat BIGNATU	FL 32724 US e named entity submits this statement for the purpose of Florida. RE: STEPHEN COHN Electronic Signature of Registered Agent		Date
P.O. BOX DELAND, The above in the Stat BIGNATU DFFICER Title: Jame: Address:	FL 32724 US e named entity submits this statement for the purpose of Florida. RE: STEPHEN COHN Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete AMIRI, SHAHRAM P.O. BOX 247	ADDITIONS/CI Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHRAM AMIRI D 09/18/2006