PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Socretary of State DOCUMENT # NO 300000723 DOCUMENT # NO 300000723 To opposition harms Lopposition harms Lopp	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING (HIS FORM.			
1. Corporation Name New Pol Back & South Suite A SUBSTITUTE OF SUBSTITUT	CORPORATION FLORIDA D REINSTATEMENT	cretary of State	10 APR 3 D AM 11: 09	
2. Principal Office Addresses to Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Office Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Office Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Office Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Office Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Officer Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Officer Addresses of Each Officer and Order (Portan proportion must list at west 3 directors) 2. Principal Officer and Order or director or the Registered Agent 2. Principal Officer and Order or director or the Registered Agent 2. Principal Officer and Order or director or the Registered Agent 2. Principal Officer and Order or director or the Registered Agent 2. Principal Officer and Order or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 2. Principal Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 3. Design Officer or director or the Registered Agent 4. Design Officer or director or the Registered Agent 4. Design Officer or director or the Registered	DOCOMENT # 740000		SLOW FAR STATE TALLAMASSUE, FLORIDA	
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Suite A City & State Sp. City & State Sp. City & State Sp. City & State Sp. Country Sp. C	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2730 USI South, Ste A REINSTATEMENTOU			
Set. Augustus FL 28 JOSE Country 32 JOSE Country 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent 8. Lowing appointed the positive and address which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 8. Lowing appointed the positive august of positive and corporation, and familiar with and accept the obligations of section 697.0505 or 817.0505, F.S. 8. Signeture of Registered Agent 8. REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Augustus Positive Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporations must list at least 3 directors) FIES OFFI Address and for Director (Florida nonprofit corporation for City / State / Zip FIES OFFI Address and for Director (Florida nonprofit corporation for City / State / Zip FIES OFFI Address and FIES OFFI Address	Suite A Sui	. A P	Date Incorporated or Qualified To Do Business in Florida	
7. Name and Address of Current Registered Agent Name Pernon Strong Agent (Supplementation of Supplementation of Supplementati	St. Augustine, FC St. A	100 000 11	5 FFI Number	
Name Vernon Strongen Street Address (P.O. Box Number is Not Acceptable) Street Address of Beach Officer and or Director (Portice and or Director Officer and Officer Officer and Officer Offic		1 . *	CEPTIFICATE OF STATUS DESIDED 3673 Additional Fee required	
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Sherena Stronon 101 Summer Breeze St. Augustie, Fl. TSD Caerie Stronon 212 Gallicia Ave Sheres whe, Fl. ATD Sabrona Stronon 312 Gallicia Ave 6010175631146 04/21/10-01008-010 ++238.25 10. E-mall Address: Connunty Vomise Listmail. con (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 have been paid. I further safety 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:	P Vernon Stroman	1845 moultrie	eld It. Augustne, Fil	
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