PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # ND50007686 1. corporation Name 2. Principal Office Address - No P-0, Box # 9 9000 SW 152 STREET 9000 SW 152 STRE		RPORATI) s	DEPAR Secretar sion of c	y of S		=		07 JUN 22 PM	3: 06	
2. Principal Office Address - No P.O. Box # 9000 SW 152 STREET Suite, Apt. # etc. # 102 #											ALLAHASSEE.F	STATE LORIDA	
Suits, Act. 4, etc. # 102 # 10	SUNS	SET STA	OITA	N CONDO	MINIUM								
# 102 # 102 # 102 City & State MIAMI, FLORIDA MIAMI, FLORIDA Deburnes in Finding 7/26/2005 Type 3 3176	2. Principal Office Address - No P.O. Box # 9000 SW 152 STREET 9000 S					office Address W 152 STREET							
City & State MIAMI, FLORIDA Applied For Not						, etc.			ſ		orated or Qualified 7/26	3/2005	
33176 USA 33176 SOUTH To Name and Address of Current Registered Agent To Name and Address of Current Registered Agent To Name and Address of Surrent Registered Agent To Name and Address of Surrent Registered Agent To STER J. SCOTT To Country To STREET To STER J. SCOTT To Country The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices by checking this box, you are certifying the prior notices by checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The District of the shows a surrent fee by checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The District of the shows a surrent fee by checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The District of the shows a surrent fee by checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The District of the shows a surrent fee by checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. The District of the State of State	•									5-6-3269944 Applied For			
### POSTER J. SCOTT Signature of Post	33176	76 USA		^{Zip} 33176	^{Zip} 33176		try SA		6.	OF STATUS DESIDED \$8.	5 Additional Fee required		
Circumstances 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. It being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors Nam	7. Name and Address of Current Registered Agent												
the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State 33757 8. I, being appointed the reduction of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent 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 Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P-D REZA FARAJZADEH 12300 5 W 68 J MINM: FL 30156 VP-D JULIO ACOSTA 2701 S Barphore In 4500 MIAM: FL 30197 S-D CHARLES HENRIQUEZ 5 97 5 Jurish A 702 MIAM: FL 33143 100.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in hapter 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 right and the names of ightividuals 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 accounte, and my signature shall have the same legal effect as if made under oath.	FÖSTER J. SCOTT									circumstances which the entity did not receive the prior notices. By checking this box, you			
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SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	this rei owed t	instatement ap by the corporat	plication, tion have	the reason for di been paid and th	ssolution has been e names of individ	n eliminated Juals listed	i, the co on this f	rporate name satis orm do not qualify	sfies for a	the requirements in exemption con	of section 607.0401 or 617.04	101, F.S., that all fees	

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