## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # N 070  1. Corporation Name		2011 JUL 1 1 AM 9: 07 SECKETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address - No P.O. Box # 5757 66 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3. Mailing Office Address 5757 Cotholor Suite, Apt. #, etc.	REINSTATEMENT  CR2E081 (11/10)  4. Date incorporated or Qualified To Do Business in Florida
City & State  St. Pelevisian  Zip Country  333709 USA	City & State  2ip Country  333709 USA	5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Name  Street Address (P.O. Box Number is Not Acceptable Suite, Apt. #, Etc.  City	State Zip Code	300208812383 06/13/1101052003 **297.50
8) I, being appointed the 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 Party   Date - 6/9/11		
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		r City / State / Zip .
P Ed Slack	724 140	33709
V R ~ R ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	15757 664h 9	1.N Sh. Redensbung. FL
S Coi ai Mura	5757 66tha	J.N St. Petersburg, FL
T Jeanard M	5757 664 6 ac her # 55	+. N St. Pelerobung. FL 33709
AT Madeline V	5757 66ths	St. N St Peteroburg, FL 33709
		38191
10. E-mail Address: gi gimus phy 45 @ Jahoo. Com (To be used for future annual report notification)		
(To be used for future annual report notification)  (To be used for future annual report notification is provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstance for 617,0401 or 617,0401		