8. Name and Address of Current Registered Agent Size Adgress (P.O. Box Numbor is NN Acceptable) Signature of Registered Agent Date Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Size Office Information on intangible tax. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I review to the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I confly that I am and licer or director or the receiver or trustice ompowered to execute this application is provided for in chapter of 70 or 617, F.S. I further Cartify that when thing has roinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all leas oved by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	. ••	PLEASE READ					NG THIS FORM:		
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Rita Beyenbach D Jim Davidson " " D Harvey Rosen " " Daniel Gabrielle " " DNP Marshall Hershon " " " Signalure of Repistered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of Repistered Agent Signature of Signature of Repistered Agent Signature of Signature of Repistered Agent Signature S	20	Alfred Ball		421 BWEA	1 700MB 6	yed	COLD COLON.	SOUR!	
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DAP Marshall Hershon B. Name and Address of Current Registered Agent: B. Name and Address of Current Registered Agent: B. Name and Address of New Registered Agent: Signal Adgress (F.O. Box Numbor to No Acceptable) Signal Adgress (F.O. Box Numbor to No Acceptable) Signature of Registered Agent of the plane named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Signature of Revenue under S. 199.032, Florida Statutes. Yes No Section 607.0505, F.S. 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Section 607.0506, F.S. 12. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, in confly that I am an officer or director or invision employed of the event that the information supplied is deemed exempt from public access, in confly that I am an officer or director or invision approach to execute this application has provided for in chapter 607 or 617, F.S. I further contributes the same legal effect as if made the accurate, and my signature shall have the same legal effect as if made under coath. SIGNATURE:	D Jim Davidson			71 17					
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Signature of Registered Agent Must sign 10 I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. I do hereby contry that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. It contry that I am an officer or director or thruston empowered to execute this application as provided for in chapter 60 or 617, F.S. I further contry that registrate for or 617, F.S. I further contry that registrate for or 617, F.S. I further contry that registration as provided for in chapter 60 or 617, F.S. I further contry that when filling has reinstatement application her reason for dissolution has been aliminated, the corporate name satisfies the requirements of section 607,0401 or 617.0401, F.S., and that all lease owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under each.	DUP			<u> </u>	#				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		TURE: Pould Sales	INTED NAME OF	SIGNING OFFICER OR	DIRECTOR		-(01 4P/C-0	994-11 PZ	

Marie Committee Committee

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