	PLEASE READ	ALL INSTRUCTIONS BEFOR	R FILED
APPLICAT FOR		FLORIDA DEPARTMENT OF ST Katherine Harris	1 00 1000 0 00
REINSTATE	MENT	Secretary of State  DIVISION OF CORPORATIONS	
	# N1818		-
1. Corporation Name Liwanes Club of Weldersod, Slaveda, Isla.			SELACIA DE STATE TALLAHASSEE, FLORIDA
Principal Place of Busines		Mailing Address	3000029277191 
PU	O. Box 40	0 X, Fl 34785	
If above addresses are in	ncorrect in any way, line t	hrough incorrect information and enter correction belo	
2. New Principal Office A	ddress, If Applicable	New Mailing Office Address, If Applicable     Same	4. Date Incorporated or Qualified To Do Business in Florida 1219 186
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. FEI Number   Applied For
City & State		City & State	Not Applicable
Zip	Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED 1 58 75 Additional Fee require for a Certificate of Status
7. Names and Street Add	resses of Each Officer and Name of Officers	d/or Director (Florida nonprofit corporations must list Street Address of	
Trile(s) 2	and/or Directors	Officer and/or Dir	irector City / State / Zip
a 2	. 7	B 600 Excepted Lece	hurf, FL 31484
TRES. KUTI	4 ROCKER	1 STLE 3372 CK 20	AU AVEADA EL 20084
· /¬\ ]		300 Smain Will	Idea rod El 80785
VASS TAN	ICIE STA	_ 300 Smain, Well	04 OXFORD, F/ 34484 Pour rod, F1 34785 T WILDWOOD F/ 34785
VAS TAN	IGIE STA	TON 303 CURRY SI	7 WILDWOOD, F1 34785
VAS TAN	OGIE STA	TON 303 CURRY SI	7 WILDWOOD, F1 34785
SEC SUZ	DGIE STA PANNE H	TON 303 CURRY ST YNDS 11423 Harita 401 3 main, w	T Wilpwood, F1 34785 Esc. Way Largo, F1 33778 Sedimond, A. Largo, F1 33778
VARS TAN SEC SUZ TOOR ALL	OGIE STA PANNE H EX COILV	TON 303 CURRY SI	T WILDWOOD, F1 34785 Esc. Way Largo, F1 33778
VARS TAN SEC SUZ TRES ALL	OGIE STA PANNE H EX CGILV	TON 303 CURRY ST YNDS 11423 Harita 401 3 main, w	Wilpwood, F1 34785  The Way Largo, F1 33778  Sedimond F1 32195  Met St 34765 Weirodale, F1 32195
SEC SUZ	PANNE H	300 Smain, Will 303 CURRY SI 401 3. man, W. 1124 S.E. 180	T Wilpwood, F1 34785 Esc. Way Largo, F1 33778 Sedimond, A. Largo, F1 33778
SEC SUZ TRES ALL	EANNE H	300 Smain, Will FTON 303 CURRY Si YNDS 11423 Harita 401 5. main, W E 1124 5.E. 180	Wilpwood, F1 34785  Esc Way Largo, F1 33178  Redured Weirodale, F1 32195  1.8  1.8
SEC SUZ TRES ALL	EANNE H	300 Smain, Will FTON 303 CURRY Si YNDS 11423 Harita 401 5. main, W E 1124 5.E. 180	Wildwood, Fl 34785  Esc. Way Largo, Fl 33778  Seldwood, Fl 33778  Weirodale, Fl 32195  B. Name and Address of New Registered Agent  ANE CoullARD  BOS IP O. Box Number is Not Accordable.
SEC SUZ TRA ALL B. Name	EANNE HEX COLVE	300 Smain, Will TON 303 CURRY Si YNDS 11423 Harita 401 5 main, W 1124 5.E. 180  Registered Agent  D Namp Di Street Addre	Wildwood, F1 34785  Esc Way Largo, F1 33178  Redured Weirodale, F1 32195  B. Name and Address of New Registered Agent  ANE COUITARD
SEC SUZ TRA ALL B. Name	EANNE H	300 Smain, Will TON 303 CURRY Si YNDS 11423 Harita 401 5 main, W 1124 5.E. 180  Registered Agent  D Namp Di Street Addre	Wildwood, F1 34785  Tick Way Largo, F1 33178  Redured, F1  Weirodale, F1 32195  1.8  9. Name and Address of New Registered Agent  PANE COUITARD  1.85 (P.O. Box Number is Not Acceptable)  2.9 N. OLD WIRE RD.  1. Etc.
SEC SUZ TRAS ALL 8. Name Jan P. O W.	and Address of Current ingue State Bry 40  Udernood	Registered Agent  Ton  300 Smain, Wild  303 CURRY Si  401 5. main, W  1124 5. E. 180  Registered Agent  Ton  D Name  Suite, Agir  Suite, Agir  City W  City W	Wildwood, Fl 34785  Esc. Way Largo, Fl 33778  Sldwood, Fl 33778  Weurodale, Fl 32195  9. Name and Address of New Registered Agent  AND CoullARD  ess (P.O. Box Number is Not Acceptable)  29 N. OLD WIRG RD.  1/D WOOD  State Zip Code FL 34785
SEC SUZ TRE ALL  8. Name P. O W.  10. 1, being apocipled the secondary of	and Address of Current ingue State Bry 40  Udernood	300 Smain, Will TON 303 CURRY SI  YNDS 11423 Harita 401 5. main, w  1124 5. E. 180  Registered Agent  The Discrept Agent Suite, Apt. #	Wildwood, Fl 34785  Tace Way Largo, Fl 33178  Reduced, Fl 33178  Reduced, Fl 32195  LS  9. Name and Address of New Registered Agent  PANE CoullARD  Sess (P.O. Box Number is Not Acceptable)  P. M. OLD WIRE RD.  The obligations of Section 607.0505, F.S.
SEC SUZ TRA ALL  8. Name Tax P. O W.  10. 1, being appointed the	and Address of Current ingue State Bry 40  Udernood	Registered Agent  Ton  300 Smain, Wild  303 CURRY Si  401 5. main, W  1124 5. E. 180  Registered Agent  Ton  D Name  Suite, Agir  Suite, Agir  City W  City W	Wildwood, Fl 34785  Esc. Way Largo, Fl 33778  Sldwood, Fl 33778  Sldwood, Fl 33778  Weurodale, Fl 32195  9. Name and Address of New Registered Agent  1 ANG CoullARD  1 State CoullARD  1 State Zip Code  1 D WOOD  State Zip Code  FL 34785
SEC SUZ  TRES ALL  8. Name  7. O  V.  10. 1. being apocipted the Signature of Registered Agent A	and Address of Current in gue State Bry 40 Udurnod agistered agent of the abi	Registered Agent  Ton 303 CURRY Si  YNDS 11423 Harita  401 5. man, W  E 1124 5. E. 180  Registered Agent  Ton D Namp  Street Agdre  Gustan  City W  Ove parged corporation, am Amiliar with and accept the corporation of the	Wildwood, Fl 34785  Tace Way Largo, Fl 33178  Reduced Start
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SEC SUZ  TRES ALL  8. Name  10. I, being appointed the Signature of Registered Agent Ca  11. This corpora Intangible F	and Address of Current angle State Bry 40  Location owes the  Personal Proper  cor or director or the rece- cation, the reason for disse-	Registered Agent  Tow 303 CURRY Si  303 CURRY Si  401 3 Harta  401 5 man, w  5 1124 5 E. 180  Registered Agent  Tow Suite, Apt. #  City W  Cove named corporation, am amiliar with and accept the corporate of the corporate of the corporate name satisfies o	Date 4-9-99  (See other side for in chapter 607 or 617, F.S. I further certify that when filing sifes the requirements of section 607,0401, F.S., that all fees
SEC SUZ  TRES ALL  8. Name  8. Name  P. O  W.  10. I, being apoginted the signature of Registered Agent  11. This corporal Intangible F  12. I certify that I am an offithis reinstatement application owed by the corporation of the second of	and Address of Current in gue Sta  Bry 40  Lolurnod  agistered agent of the abi  action owes the Personal Proper cor or director or the rece- cation, the reason for disse	Registered Agent  Tow 303 CURRY Si  303 CURRY Si  401 3 Harta  401 5 man, w  5 1124 5 E. 180  Registered Agent  Tow Suite, Apt. #  City W  Cove named corporation, am amiliar with and accept the corporate of the corporate of the corporate name satisfies o	See Way Largo, F1 33778   9. Name and Address of New Registered Agent  ANE CoullARD  Ses (F0 Box Number is Not Acceptable)  Per M. OLD WIRE LD.  State Zip Code  FL 34785  The obligations of Section 607.0505, F.S.  Date L-9-99  See No Company Section 607.0401 or 617.0401, F.S. that all fees by for an exemption under section 119.07(3)(0, F.S. The information indicated by for an exemption under section 119.07(3)(0, F.S. The information indicated in the option of the opt
SEC SUZ  TRES ALL  8. Name  8. Name  P. O  W.  10. I, being apoginted the signature of Registered Agent  11. This corporal Intangible F  12. I certify that I am an offithis reinstatement application owed by the corporation of the second of	and Address of Current in gue Sta  Bry 40  Lolurnod  agistered agent of the abi  action owes the Personal Proper cor or director or the rece- cation, the reason for disse	Registered Agent  Tow 303 CURRY Si  YNDS 11423 Harata  4015 man, W  E 11245.E. 180  Name  Suite, Apt. #  Ove named corporation, am amiliar with and accept the corporate names at insumers of individuals lated on this form do not qualify and safed on this form do not safed and safed on this form do not safed and	Date 67-99  (See other side for in chapter 607 or 617, F.S. Hurther certify that when filling sites the requirements of section 607,0401 or 617,0401, F.S. that all fees by for an exemption under section 190,07(3)(0, F.S. The information indicated by 190,07(3)(0, F.S. The information indicated by for an exemption under section 190,07(3)(0, F.S. The information indicated by for an exemption under section 190,07(3)(0, F.S. The information indicated in the information in the information indicated in the information in the informat