PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TELAGE NEAD ALL INSTRUCTIONS DELICITE COMIT LETING THIS FORM.									
	PORATION		FLORIDA DEPARTMENT Katherine Harr Secretary of Sta	is te		FIL 00 NOV -6	ED AM 10: 2	2	
DOCUMENT # N23786 i. Corporation Name Atkin Lic - Gulf Region #9, Sweet Ade mes Internal						SECRETARY OF STATE			
2. Principal of 440 Suite, Apt. #, of City & State Suite & State Zip 334	aton, FLS	Riel Bl	3. Mailing Office Address 4408 Washield Suite, Apt. #, etc. City & State Boxa Raton. Zip Country 33434 U.S.	BIJ.	5. FEI Number 5/0/	TATEME prated or Qualified less in Florida 4269 OF STATUS DESIRED	S8.75 Addition	Applied For Not Applicable half-Fee (equired rate of Status	
	Name Name Toann Abram S Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					20003473092-7 -11/21/0001091034 ****297.50 *****29*.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 REGISTERED AGENT MUST SIGN Date									
	nd Street Addresses	of Each Officer and	/or Director (Florida nonprofit corporal	tions must list at lea	<u></u>		10. h- 17:-		
Titles	Officers and/or Directors			Officer and/or Director		City	/ State / Zip		
S/D 1	Joann Ho Narshall Susan t	brams Villiams Rencha	4408 Wa 4035 So 185 Cove	codfield, anlard l Rel	Slud. S	SanSord, Wast Palmi	FL 39 FL 39 Bd. FL:	3134 1773 3343	
								VE	
this reins	tatement application, the corporation have oplication is true and	the reason for disso been paid and the n accurate, and my so	ver or trustee empowered to execute to solution has been eliminated, the corporate of individuals listed on this form tynature shall have the same legal effective.	rate name satisfies do not qualify for a	the requirements of the thick that the thick that the thick the th	of section 607.0401 or 6	ther certify that	nat all fees on indicated	