	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FO	RM.	<ul> <li>Without An American Strength Streng</li></ul>	No. of Street, or other
	PLICATION FOR ISTATEMENT		State DIVISION OF STATE						
DOCUMENT # N9600000359 1. Corporation Name KAYAKING FOR CANCER, INC.						01 OCT 24		A CONTRACTOR OF	
11265 ALL Suite 202	Place of Business JMNI WAY J VILLE FL 32246	1853 MELROS	Mailing Address 1853 MELROSE PLANTATION DR. JACKSONVILLE FL 32223						A CONTRACTOR OF A CONTRACTOR
If above	addresses are incorrect in any way, line thre		formation and enter g Office Address, If	CONECTION DEIGW.	4. Date incorp		NT 01		
Suite, Apt. #, etc.		Suite, Apt., #, 1 City & State	aic	~	To Do Business in Florida     02/07/1996       5. FEI Number     Applied For       5. FEI Number     Not Applical				Track Construction II. (15)
Zip			Country		CERTIFICATE OF STATUS DESIRED D		\$8.75 Additional Fee required for a Certificate of Status	d	Sanda Calendar
Title(s)	ames and Street Addresses of Each Officer and/or Director (Florida non and and Street Addresses of Each Officers and/or Directors 3 3			Street Address of Each		s) City / State / Zip 4			an an an an an an an an an
PTD O'LESSKER, CHARLES S 18			1853 MELROSE PLANTATION DR.			JACKSONVILLE FL	32223		
SD FOX, BLAIR				BRANCH					
VD	HUSEMAN, RUSTY		4399 BATTLECREEK COURT W			JACKSONVILLE FL 32258			STREET STATES
					70000468621 -11/16/010110 *****236.25 ***		01105008		State of the second second
Suite 201 Suite, Apt. #,					241TE 202			CR2E040 (a/01)	「「「「「「「「「「」」」」」」「「「「」」」」」」」「「「」」」」」」」」
10. I, being	g appointed the registered agent of the abov	ve named corpor	ation, am familiar wi		Igations of Section	· ·	FL 32246		
Signature o Registered	Agent	GISTERED AGE	NT MUST SIGN			Date 10/2	2/01		Distance of the
this reir owed b	that I am an officer or director or the receiv istatement application, the reason for dissol y the corporation have been paid and the n application is true and accurate, and my sig	ution has been e ames of individu	liminated, the corpo als listed on this for	m do not qualify for a	he requirements in exemption und	of section 607.0401 or (	617.0401, F.S., that all fees		
		ITED NAME OF SK	GNING OFFICER OR L	DIRECTOR		Date	Davtime Phone #		塘