## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  05 MAY -6 AM 9: 00  SECRETARY OF STATE
DOCUMENT# N9700	0006111	TALL AHASSEE, FLORIDA
1. Corporation Name BOLYOU GEORGE FOOT DOUBLES. J.1C.		
2. Principal Office Address	3. Mailing Office Address	DEMASSASSE DENSE
Suite, Apt. #, etc.	PO BOX 1143	REMISTATEMENT 04-05
Sine, Apr. #, eux.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 10 23 1995
Youngstown Fl.	goungstown, Fl	5. FEI Number Applied For Not Applicable
Zip Country	Zip 324 6 Country	6. CEDIFICATE OF STATUS DESIDED S8.75 Additional Fee required
32466 USA	↓ ₽   USA	for a Certificate of Status
7. Name and Address of Current Registered Agent  Name 300054645133		
Recina (DN) (DN) (DN) (DN) (DN) (DN) (DN) (DN)		
13101 CROFF ROad Foundain Florida  Suite, Apt. #, Etc.		
City		State Zip Code
Fourvain		FL 32438
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 Date NOUL, 2005		
9. 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	Street Address of Each Officer and/or Director	
presider wayne Ga	4 6130 Breezy La	ne Youngstown Fl. 32466
preside Ralph Viscol	II 3330 Gilbert P.	pad Parama City Fl. 3244
masing Rogina worker	H 13101 OPOFF ROO	20 Fountain Fl 32438
cheer kin uselch	6)41 waverly 1	are youngsown F1. 32466
coodwar Sandy Gay	6130 Breezy	lane Yourgylan Pl. 32466
coordinate temples en	10A4 6537 MONY HUDO	ed D. Prining Pl 324610
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 517, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  NO. 1, 2005  Date  Date  Description Phone #		
Regina which		