

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT CORPORATION REINSTATEMENT CORPORATION Secretary of State DIVISION OF CORPORATIONS DOCUMENT # NGG 000000000000000000000000000000000		FILEDO OF APR TO PH 12: 41 SECRETARY OF STATE TABLEAHASSEE, THEORIDA
2. Principal Office Address 5560 SW 1134 Ave Suite, Apt. #, etc. City & State COPER CITY, PC Zip 23330 USA		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Dall Manager 11 100 8 0 000004035730-3		
City Cooper Cuty Characteristics City Cooper Cuty Cooper Cuty City Cuty Cuty City Cuty City Cuty City Cuty Cuty City Cuty Cuty Cuty City Cuty Cuty Cuty Cuty Cuty Cuty Cuty Cu		
8. I, being appointed the registered gent 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 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) City / State / Zip		
D Robbi Mendy Weiss	Officer and/or Director 5560 SW113+4	Ave Correy CITY PC
D Taimy 11 laise	COOPER CUTY,	11 Ly 113333
D DVORA WELLES	9900 Shrting	CooperCuty. Excep
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 617, F.S. I further certify that when filling 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 DAMS OF SIGNING OFFICER OR DIRECTOR Daysime Phone #		