PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT Secretary of State Division of corporations FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 01 OCT -9 PM 3: 28	
DOCUMENT # N 9 9 0 0 0 0 7 0 28 secretary of STATE STATE TALEAHASSEE, FEORIBA	
STARS SHINE AT NIGHT.	
JIARS SILFIES III ING	
INC,	
2. Principal Office Address 3. Mailing Office Address	
2805 DOLPHIN DR 2805 DOLPHIN DATEINSTATEMENT MY	N
Suite, Apt. #, etc. Suite, Apt. #, etc.	U
4. Date Incorporated or Qualified To Do Business in Florida	₹.
City & State City & State City & State 5. FEI Number Applied F	or
MIRAMAR 7-LA MIRAMAR FLA: 45-0990727 Not Appled P	cable
33025 USA 33025 USA 6. CERTIFICATE OF STATUS DESIRED TO 18.75 Additional Fee r	quired
7. Name and Address of Current Posistered Agent	
1 Name 7/1	9
####236.25 ****238.25 Street Address (P.O. Box Number is Not Acceptable)	5
$2 \times 6 = 7010 HT$ n) 700	9
Suite, Apt. #, Etc10/18/01-01057-028	⋾
******61.25	5
MIRAMAR FL 33025	
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 9-30-0(
REGISTERED AGENT MUST SIGN	8
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
330.	2 5
PRESIDENT ARTHUR LAMBRIGHT 2805 DOLPHEN DR MIRAMAR FLA	2
V-PRESTOENT RUBY LAMBRIGHT 2805 DOLPHIN DR MIRAMAR FLA33	23
SecreTary LILLIAN LAMBRIGHT 2805 DOLPHINDR MIRAMARFLA 330	Z5:
TREASURER IRINE STRAUGHTHER 2805 DOLPHIN DOMIRAMARFLA330	25
800004642028	9
-10/18/0101057029	_
******8.75 ******8.7	* 80 Esc.
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 filir 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 fee	
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 indica on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	ed
All 1 11 30550504	id
SIGNATURE: USUM Jambight HR] HUR LAMISK TaffT 9-12-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #	. (