## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMEN

Office Address SAMPLE RO etc. STE 9b NO BEACH Count	~ .	Secretar DIVISION OF CO  9344  IC.  3. Mailing Office Address SAME Suite, Apt. #, etc.	TMENT OF STATE Smith y of State ORPORATIONS		02 OCT 21 AM II: 35 SECHETARY OF STATE TALLAHASSEE, FLORIDA	
Office Address SAMPLE RO etc. STE 9b NO BEACH Count	FLORIDA, IN	3. Mailing Office Addres SAME Suite, Apt. #, etc.	38	PEINS		
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STE 9b  NO BEACH Count		,				
NO BEACH		City & Chat	Suite, Apt. #, etc.			
Count		City & State		4. Date Incorpora		
	POMPANO BEACH Zip Country		7-		5. FEI Number  NOT APPLICABLE  Applied For  ✓ Not Applicable	
	ED STATES	Zip	Country	G. CERTIFICATE OF	F STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
		7. Name and A	ddress of Current Regis	tered Agent		
Name MICHA	EL GOLDSTE	IN	11-	-	group group group group group group group group group	
Street Address (P.	O. Box Number is No	Acceptable) 2301 W.	SAMPLE ROAD	<b>.</b>	<del></del>	
Suite Ant # Etc	\T-104	ih .	7.4.4		*****750.00 **********************************	
City POMPA	NO BEACH	And the state of t	in to name site.	1 1 160 to 10 to 1	State Zip Code 33073	
appointed the registe	Lalle			e obligations of section $\hat{\mathfrak{k}}$	007.0505 or 617.0503, F.S.  Date	
and Street Addresses		-		least 3 directors)	***************************************	
Name of Officers and/or Directors		Street Address of Each Officer and/or Director		ach	City / State / Zip	
MICHAEL GOLDSTEIN		2301 W.SAMPLE ROAD		Р	POMPANO BEACH, FL. 33073	
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statement application the corporation bave	the registin for dissolution been paid and the national a	idution has been eliminated, aames of individuals listed or inature shall have the same	the corporate name satisfin this form do not qualify for legal effect as if made und ICHASL GOLOS	es the requirements of a	section 607 0401 or 617 0401 F.S. that all fees	
	Name MICHA Street Address (P. Suite, Apt. #, Etc. City POMPA ppointed the register gent Office MICHAEL GOI  and Street Addresses Office MICHAEL GOI  the corporation to the corporation is frue and application is frue and	Name  MICHAEL GOLDSTE  Street Address (P.O. Box Number is Noted Suite, Apt. #, Etc. BLD#2 STE 9  City POMPANO BEACH  ppointed the recipiter date of the above gent  Name of Officers and/or Directors  MICHAEL GOLDSTEIN  The property of the receive terment application, the reason for dissorting the corporation rave been paid and the nopolication is true and iscurrate, and my signal.  JRE:	Name MICHAEL GOLDSTEIN  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. BLD#2 STE 9b  City POMPANO BEACH  ppointed the resister for agent of the above named corporation, am format of the street Addresses of Each Officer and/or Director (Florida nonproton Name of Officers and/or Directors)  MICHAEL GOLDSTEIN  2301 W  Anat I am an officer or director of the receiver or trustee empowered to tatement application, the reason for dissolution has been eliminated, the corporation they be repaid and the names of individuals listed or opplication is true and incurred, and my signature shall have the same URE:	Name MICHAEL GOLDSTEIN  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. BLD#2 STE 9b  City POMPANO BEACH  pointed the resister date of the above named corporation, am familiar with and accept the gent  REGISTERED AGENT MUST SIGN  Ind Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at Officers and/or Directors)  MICHAEL GOLDSTEIN  2301 W. SAMPLE ROAD  And I am an officer or director of the receiver or trustee empowered to execute this application at laterment application, the registry for dissolution has been eliminated, the corporate name satisfy the corporation by a per pada and the names of individuals listed on this form do not qualify, for opplication is true and programs, and my signature shall have the same legal effect as if made until JURE:  JRE:  JRES JOHNS	Name MICHAEL GOLDSTEIN  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. BLD#2 STE 9b  City POMPANO BEACH  PROMPANO BEACH  REGISTERED AGENT MUST SIGN  and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Officer and/or Directors  MICHAEL GOLDSTEIN  2301 W.SAMPLE ROAD  Final I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapte tatement application, the register for dissolution has been eliminated, the corporate name satisfies the requirements of the corporate have been for dissolution has been eliminated, the corporate name satisfies the requirements of the corporate have been played and the names of individuals listed on this form do not qualify for an exemption under supplication is truy and separate and my signature shall have the same legal effect as if made under oath.	

Jo 10/23/02