## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPÓRATION	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	TE	01 JUN 2	LED 26 PN 12: 34	
DOCUMENT # Poo oooo 33788  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ZNOZNONZO (	Downselve, File	-		i	
O District Office Address	2 Maillion Office Address		•		
2. Principal Office Address	3. Mailing Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
			orated or Qualifie	مر ما	2000
City & State	and the second second		5. FEI Number Applied For		
Zip Country	Zip Country	6.	100y		Applicable
33143 4.5.	23143 4.5		OF STATUS DESIR	SP S8.75 Additional for a Certificate	
	7. Name and Address of Current Re	gistered Agent			
Name	TORK				
Street Address (P.O. Box Number is			?		l
Suite, Apt. #, Etc.	SELSUTTONO	2000			
<u> </u>		· .	State Zip 0	and a	1
City	- H		جَی ا	4997	
8. I, being appointed the registered agent of the at	ove named corporation, am familiar with and accept	t the obligations of sections	on 607.0505 or 61	7,0503, F.S.	
Signature of : Registered Agent	J-free		Date 1	L (x/E 15] -	2001
	REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer a	of Each				
Officers and/or Director	Officers and/or Directors Officer and/or Director			City / State / Zip	
1/0 Vorse For	101E 5155 SU	- 77s	- 1/10	41 KL 3	3/49
s Rober Ca	113 1-6	2			200
10 Voru Fourit 5155 Su 774 4194 KL 33189 - Bosen Creek 1/205E Burrayango Sruar KL 3499					3779
			ļ		
			ł 	<b>)</b>	•
		1) (	no	78	
		<u> </u>	1516	<u>,                                    </u>	
this reinstatement application, the reason for di	peiver or trustee empowered to execute this applications assolution has been ellminated, the corporate name seemen of Individuals listed on this form do not sure	atisfies the requirements lify for an exemption unc	s of section 607.04	101 or 617.0401, F.S., UNBI	t all fees
on this application is true and accurate, and mi	signature shall have the same Logal effect as if mad	le under oath.		1	
on this application is true and accurate, and m	signature shall have the same logal effect as if made	le under oath.		1	
SIGNATURE:	signature shall have the same gal effect as if mad	le under oath.		56/ 2/9.59 Daytime Phone #	3e7