PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P00000048235 1. corporation Name ###47A WESTON ROAD SVITE 173 DAVIE , FL 33331 2. principal Office Address 12.711/01-01020-005 Safe, Ast, 8-te. Soft, Ast, 8-te. Soft, Ast, 8-te. Soft, Ast, 8-te. Soft, Ast, 8-te. DAVIE , FL WESTON , FL By 3330 Country 19. 33326 Country 19. Astering Office Address DAVIE , FL WESTON , FL Soft, Astering Office Address DAVIE , FL WESTON , FL Soft, Astering Office Address DAVIE , FL WESTON , FL Soft, Astering Office Address DAVIE , FL Soft, Astering Office Address DAVIE , FL WESTON , FL Soft, Astering Office Address DAVIE , FL Soft, Astering Office Address of Current Replication of Soft Office Address DAVIE , FL Soft, Astering Office Address DAVIE , FL Soft, Astering Office Address of Soft Office Address DAVIE , FL Soft, Astering Office Address of Soft Office Address of Soft Office Address Office	COR	PARTIEMENT	Katheri Secreta	RTMENT OF STATE ine Harris try of State CORPORATIONS			VISION OF	ILEU RY OF 5 CORPOR	IAIE ATIONS I	
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DANIE, FL WORSTON, FL S. FEI Number 65-100 7-47-7 Applied For Macapitable 120 33330 Country 33326 Country 6-6 CERTIFICATE OF STATUS DESIRED 8 375 Additional Face Interest Programme and Address of Current Registered Agent Name 5 PIEGEL & UTILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number is Not Acceptable 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Titles Officer and for Director 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Titles Officer and for Director 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Titles Officer and for Director 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Titles Officer and for Director 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Titles Officer and for Director 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A. Street Additional For So Box Number 120 A TILETRA, P.A.	SVIT		# 451		4. Date Incorp	orated or ness in Fig	Qualified orida 5/16	1200	0	
33330 333326 7. Name and Address of Current Registered Agent Name SPIEGEL & UTDEDA, P.A. Street Address (P. O. Box Number is Not Acceptable) Suite. Apt. 8, Etc. City CORAL GABLES 8. I, being appointed the registered agent/fit the above named corpor/promes-tamplitar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Regis	DAV				65			Applie	d For	
Street Additions (P.O. Box Number is Not Accomptible) Street Additions (P.O. Box Number is Not Number is Not Number in Number is Number in Number in Number is Number in Number in Number is Number in Number in Number in Number is Number in N	333	530 Country	33326		CERTIFICATE	OF STATU				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titlas Name of Officers and/or Directors Street Address of Each Officer and/or Director P UAIME GAMBOA 318 INDIAN TRACE #45, WESTON, 72 33326 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 feel 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 **The Basil have the same legal affect as if made under osth.	Signature of	Street Address (P.O. Box Number is No. 343 AUME Suite, Apt. #, Etc. City OORAL GABL appointed the registered agent of the above	t Acceptable) XVE	ENUE		FL		2/01	CRZEOB1 (9/00)	
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Description Proce #	owed by on this a	y the corporation have been paid and the napplication is true and accurate, and my ski	names of individuals listed gnature Shall have the sar	d on this form do not qualify for me legal affect as if made und	r an exemption und	er section	119.07(3)(i), F.S. The i	information in	dicated ,	

FLORIDA DEPARTMENT OF STATE DIVITION OF CORPORATIONS

RE: UNIFORM BUSINESS REPORT

Dear Sirs:

This letter is to request a waive for penalty fee. The company changed its mailing address and did not receive the application on time.

Thank you

Jaime Gamboa