	PLEASE R	EAD ALL I	NSTRUCTIONS	S BEFORE (	COMPLETING THIS FORM.	
CORPOI	(2) 10 10 10 10 10 10 10 10 10 10 10 10 10	FLOR	RIDA DEPARTMENT Secretary of S	tate	09 NOV 1:0 PM 2: 17	
DOCUME 1, Corporation Na	ame	•	00 6 796	63	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office	Address - No P.O. Box	# Rd 3. M	ailing Office Address  Swth Kil	kmon Rel	000162321420 10/29/0901006021 **1500.00 cr26081 (12/08)	
Suite. Apt. #, etc.		Suite,	Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State	clando +	City &	State	FI	5. FEI Number 2 2/749// Applied For	
328 J	Country	1 zip	28// Cour	USA	6. CERTIFICATE OF STATUS DESIRED \$ \$8.75 Additional Fee required for a Certificate of Status	
	7. Name and A	ddress of Curren	t Registered Agent			
JOHN KINGMAN KEATING				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Street Address (P.O. Box Number is Not Acceptable) 250 EAST COLONIAL DRIVE.						
Suite, Apt. #, Etc. 300						
City ORLAN DO State Zip Code FL 3280/					000162321420 10/29/0901006022 **8.75	
8. I, being appoint Signature of Registered Agent	nted the registered agent	1	d corporation, am familiar	with and accept the o	obligations of section 607.0505 or 617.0503, F.S. Date $102609$	
9. Names and S	treet Addresses of Each	Officer and/or Direc	ctor (Florida nonprofit corp	orations must list at f	t least 3 directors)	
Titles	Name Officers and/or			Street Address of Eac Officer and/or Directo		
De 3	John How	mid Poste	er 2630	Zuni Rom	al St Word F1 34771	
Mis	Melanic Col	Ilins Port	er 2630	Zun; Ron Zun: Ron	nd St Cloud Fl 34771	
		<u>l</u> t.				
	REINST	[ATE	MENT			
this reinstater owed by the o	nent application, the reas corporation have been pa ation is true and accurate	on for dissolution hid and the names of and my signature	as been eliminated, the co f individuals listed on this shall have the same legal	rporate name satisfied orm do not qualify for effect as if made und	is provided for in chapter 607 or 617, F.S. I further certify that when filling fles the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption contained in Chapter 119, F.S. The information indicated order oath.  The formal formation indicated order oath.  Date Daytime Phone #	

RH