PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Sandord. Mai-Hand, FL Sp. 3657337 Country 2/p Country 3277/1 U.S. A 3279/4 U.S. A CERTIFICATE OF STATUS DESIRED IZ 3375 Actillated I Status T. Name and Address of Current Registered Agent Name Street Address (PD, Box Number is not Acceptable) 1016 Providence Suite, Apt. #, Etc. City Oviedo 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, FS. Signature of Registered Agent Registered Agent Registered Agent Name of Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Date Officers and/or Directors Officer and/or Director Officer and/or Director of the device of trustee empowered to evenue bits application as provided for in chapter 607 or 617, FS. When certify that when filing the remainering application, the reason for dissolution has been eleminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, FS. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		THE THE STREET PROPERTY OF THE PARTY OF THE	1	
1. Corporation Name 2. Principal Office Address Florida Reservations 3. Mailing Office Address Do Box 94/1990 Substantial Full Address in Frontia Do Box 94/1990 Substantial Full Address in Frontia Do Box 94/1990 Substantial Full Address in Frontia To Country 2.p To Name and Address of Current Registered Agent To Substantial Full Address in Frontia To Substantial Full Address in Frontia Full Address		Katherine Harris Secretary of State		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Sp. / - 00 City & State City & State City & State Country 3 3 7 77	1 Corporation Name	00069689 Juc.	SECRETARY OF STATE	
City & State City & State Country Zip Country Zip Country Applied For Not Applicable S. FEI Number S. FEI Number Applicable S. FEI Number Appli	·	PO Box 941990	6000059740567 -06/25/0201053020 ****\$908.75 ****\$08.75	
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2p 3977/ Country				
Name Street Address (PO. Box Number is Not Acceptable) State St		Zip Country	6. \$8.75 Additional Fee required	
Street Address (PD Box Number is Not Acceptable) Not Continue Street Address (PD Box Number is Not Acceptable) Not Continue State State				
Signature of Registered Agent Resistered Agent Resistered Agent Resistered Agent Resistered Agent Resistered Agent Resistered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Name of Officers and/or Directors Officer and/or Director CEO. Jason Gizq 1016 Providence In. Ovicids FL 32765 10.1 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. In-ther 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 fees 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 shall have the same legal effect as if made under oath.	1016 Providence Ln. Suite, Apt. #, Etc. City Oviedo State Zip Code FL 32765			
Titles Name of Officers and/or Directors Officer and/or Director Ovices, FL 32765 CEO. Jason Giza 1016 Providence Ln. Ovices, FL 32765 10.1 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, FS. Inwher 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, FS., that all fees 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), FS. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Signature of Registered Agent Date Date			
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SIGNATURE: SIGNATURE AND TYPED OF PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				