PLE LEAD LL INSTITUTION BEFORE COMPLETING THIS FORM. \$ 150.00

FLORIDA TEPA MENT OF STATE

Katherins Carris

FOR

Secretary of State

DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE

DIVISION OF CORPORATIONS

04 SEP-1-7--AM-8: 00

DOCUMENT # P0000073830

1. Corporation Name

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COTEE	DIV/ED		Ω.	COLL	INIC
LJ. I E E	DIVED	DAN	C	Unile.	IIVL.

7803 GRAND BLVD 7803 GRAN PORT RICHEY FL 34668 PORT				ND 8LVD HEY FL 34668 ct information and enter correction below. failing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/31/2000			
City & State			City & State		5. FEI Numbe	·r 	Applied For Not Applicable		
Zip		Country	Zip (5)	Country		CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director  Title(s) 1 Name of Officers and/or Directors		or Director (Flo	Street Address of Each Officer and/or Director		<del></del>		City / State / Zip		
D L	EE, DAWN			6428 WOO	DLAND LANE	20 09/17/	NEW PORT RIC 1104112 04-01081-		
8. Name and Address of Current Registered Agent  LEE, DAWN 6428 WOODLAND LANE NEW PORT RICHEY FL 34653				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.					
Signature of Registered A  11. I certify this reins owed by	Agent	officer or director or the receplication, the reason for dission have been paid and the	EGISTERED AG	mpowered to eliminated, to	execute this application as paths corporate name satisfies	provided for in ches the requirement	Date	<del> </del>	

EE President 9.7-04 mn.8