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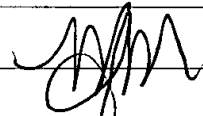
Mailing Address

P.O. BOX 824265
PEMBROKE PINES FL 33082-4265

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1874-9 SW 7th St. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/29/2000	
City & State PEMBROKE PINES, FL		City & State		5. FEI Number 59-3677439	
Zip 33029		Country BROWARD		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SALDANA, IVAN	5400 NW 38TH AVE, L 01 18749 SW 7th St.	GAINESVILLE FL 32608 33029 PEMBROKE PINES, FL
VD	SALDANA, ZELTA	5400 NW 38TH AVE, L 01 18749 SW 7th St.	GAINESVILLE FL 32608 33029 PEMBROKE PINES, FL
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SALDANA, IVAN 5400 NW 39TH AVE, L-91 GAINESVILLE FL 32606		Name <u>SALDANA, IVAN</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>18749 SW 7th St.</u>	
		Suite, Apt. #, Etc.	
		City <u>PEMBROKE PINES</u>	State <u>FL</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date Nov 2, 2001

11. 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 filing 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 119.073(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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 2, 2001

Date _____

(954) 392-9667
Daytime Phone #

Daytime Phone:

CR2E040 (8/01)