## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	``	TMENT OF STATE y of State orporations			05 NOV 22	_ED 2_AM: 43	
1. Corporati	MENT # P000000832		INC.			LALLAHAS	SEE, FLORID	
<b>7028</b> Suite, Apt. #,	Office Address  SLATE STREET etc.	Suite, Apt. #, etc.	D28 SLATE STREET te, Apt. #, etc. 4.		CR2E081 (8/05)  4. Date Incorporated or Qualified To Do Business in Florida 08/31/2000			
City & State  ORLANDO , FLORIDA  Zip Country		ORLANDO, FLORIDA  Zip Country		5. FEI Numbe	59-36		Applied For Not Applicable	
32810		32810	USA	G. CERTIFICATE	OF STATUS		litional Fee required rtificate of Status	
J2010	) USA		Address of Current Registe	red Agent		·		
•	Street Address (P.O. Box Number is N 215 NORTH EOLA Suite, Apt. #, Etc.  City ORLANDO	DRIVE			State FL	Zip Code 32801		
Signature of Registered A	JOSEPH A. LANE R	EGISTERED AGENT MUST	T SIGN		Date _	5 or 617.0503, F.S.		
9. Names	and Street Addresses of Each Officer an	th City/State / 7te						
D/P	Officers and/or Directors  GUERRA, GREG EUGENE		7028 SLATE STREET		ORLANDO, FLORIDA 32810			
				12.	<b>DOO</b> 102/05	<b>06187</b> 0: 01052013	330 **1200.90	
this rein	r that I am an officer or prector or the reconstatement application, the reason for discrete the corporation have been paid and the application is true and accurate, and my	solution has been eliminated names of individuals ligied	d, the corporate name satisfie on this form do not qualify for	es the requirements r an exemption und	of section	607.0401 or 617.0401, F	.S., that all fees	
SIGNA	SIGNATURE AND TYPED OF P	PERRA, PRESIDE	FIGER OR DIRECTOR	11	/17/05 Date	Daytime Pl		