

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:34

DOCUMENT # P000000114543

1. Corporation Name

2. Principal Office Address

20530 Americana Blvd

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32839

Country

USA

3. Mailing Office Address

4021 N. Andrews Ave

Suite, Apt. #, etc.

#6

City & State

Oakland Park, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/04 01070 020 900. ^{CU}

5. FEI Number

65-1070031

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Greg Trozza, D.C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

4021 North Andrews Avenue

Suite, Apt. #, Etc.

#6

City

Oakland Park, FL

State

FL

Zip Code

33309

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, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/08/2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Sal Pellegriano, D.C.P.A.	<u>#6</u> <u>4021 N. Andrews Avenue</u>	<u>33309</u> <u>Oakland Park, FL</u>

10. 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 119.07(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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2004

Date

Daytime Phone #

(954) 396-3908