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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

34210 7. Name and Address of Current Registered Agent Name Name Name No. CHARL D LONGOBARD Street Address (P.O. Box Number is Not Acceptable) AVENUA MADERA 11/04/02-01/07/07	
2. Principal Office Address 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 4. Date Incorporated or Qualified To De Business in Florids 5. FEI Number 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 8. Street Address Of Current Registered Agent 8. Street Address Of Current Registered Agent 8. Louing appointed the registered agent of the Edge named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. Louing appointed the registered agent of the Edge named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. Louing appointed the registered agent of the Edge named corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Ties Officers and/or Director Officer and/or Direc	
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Zip 34210 VS 34210 VS 6. CERTIFICATE OF STATUS DESIRED To a Gertificate of The property of t	
7. Name and Address of Current Registered Agent Name Michael D Longobard Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Bradent City Bradent AEGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Titles Michael D Lengobard To Addresses of Each Officers and/or Directors Manuel Addresses To Addresses of Each Officers and/or Directors Michael D Lengobard Manuel Addresses The Addresses of Each Officers and/or Directors Michael D Lengobard Manuel Addresses The Addresses of Each Officers and/or Directors Michael D Lengobard Manuel Addresses M	plicable
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City BRADENTM State State Zip Code FL 347210 8. 1, 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 AEGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip MICHAEL D LeNb03A301 Your Avenica—Madelaa. Branenton—FL = 342	required Status
Signature of Registered Agent Pate 10-29-67 Registered Agent MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip D - MICHAEL D LENGOSAZOI - York AVENIDA - MADERA - BLANCITON - FL 372	00
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip D - MICHAEL D LENGOBAZOI 4004 AVENIDA - MADERA - BLANENTON - FL 342	CR2E081 (9/01)
Officers and/or Directors Officer and/or Director City / State / Zip Officer and/or Director City / State / Zip	
BLANENTON-FL 347	
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O. 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 fill 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 fe on this application 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 indiction is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE Date Desymme Phone #	es ated

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