## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ormond beach    Sp-3720802   Not / Sp-3720802			
2. Principal Office Address - No P.O. Box # 9.1 s. Mailing Office Address 901 s. atlantic ave 901 s. being sepointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. 9ignature of 901 s. being sepointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. 9ignature of 901 s. Names and Streat Addresses of Each Officer and/or Directors 901 s. atlantic ave 90			
2. Principal Office Address - No P.O. Box # 901 s atlantic ave 901 s a			
Suite, Apt. #, etc.  108  Suite, Apt. #, etc.  108  City & State Ormond beach  Country Volusia  7. Name and Address of Current Registered Agent  Name Charon Ohnona  Street Address (P.O. Box Number is Not Acceptable) 901 s attantic ave  Suite, Apt. #, etc.  108  4. Date incorporated or Qualified To Do Business in Florida 05 /15/2001  5. FEI Number 59-3720802  7. Name and Address of Current Registered Agent  Name Charon Ohnona  Street Address (P.O. Box Number is Not Acceptable) 901 s attantic ave  Suite, Apt. #, Etc. 108  6. CERTIFICATE OF STATUS DESIRED  The reinstatement fee is imposed, exc circumstances which the entity did not re the prior notices. By checking this box are certifying the prior notices were received and requesting the reinstate fee be waived.  6. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent  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  City / State / Zip Charon Ohnona  901 s attantic ave #108  ormond beach ft 32176	8.75		
Suite, Apt. #, etc.  108  City & State Ormond beach  City & State Ormond beach  Country  32176  The reinstatement fee is imposed, excircumstances which the entity did not replaced and requesting the reinstate fee be waived.  City ormond beach  City ormond beach ormond or ormond beach ormond or ormond beach file 32176  City ormond beach  City ormond beach file 32176  City ormond file			
108  City & State ormond beach  To Do Business in Florida O5 /15/2001  Applinor Not Certificate of Status Desired  G. Certificate			
City & State ormond beach  Charon Ohnona  Street Address (P.O. Box Number is Not Acceptable) Officer and/or Directors  City Ormond beach  City Ormond beach  State Og/08/2009  City Ormond beach  City Ormond beach  City Ormond beach  City Ormond beach  Registered Agent  Registered Agent  Registered Agent Officer and/or Directors  City State / Zip Code or circumstances which the entity did not retempting the prior notices. By checking this box are certifying the prior notices wer received and requesting the reinstate fee be waived.  City Ormond beach  City Ormond beach  Registered Agent  Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  City / State / Zip Ormond beach fi 32176  City / State / Zip Ormond beach fi 32176			
ormond beach  Zip Country Volusia  Zip 32176  To Name and Address of Current Registered Agent  Name Charon Ohnona  Street Address (P.O. Box Number is Not Acceptable)  901 s attantic ave  Suite, Apt. #, Etc. 108  City Ormond beach  Signature of Registered Agent  Name of Officers and/or Directors  P Charon Ohnona  901 s attantic ave #108  Ormond beach fill 32176  Appl Not.  State 59-3720802  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  State 12 p Code  12 The reinstatement fee is imposed, exc circumstances which the entity did not re the prior notices. By checking this box are certifying the prior notices were received and requesting the reinstate fee be waived.  State 22 p Code  12 The reinstatement fee is imposed, exc circumstances which the entity did not re the prior notices. By checking this box are certifying the prior notices were received and requesting the reinstate fee be waived.  State 32176  Page 09/08/2009  Page 09/08/2009  Page 09/08/2009  City / State / Zip  City / State / Zip  Charon Ohnona  901 s attantic ave #108  Ormond beach fi 32176			
32176 volusia 32176 volusia 532176 volusia 55.3.5 Autitional for a Certificate  7. Name and Address of Current Registered Agent  Name Charon Ohnona  Street Address (P.O. Box Number is Not Acceptable) 901 s attantic ave  Suite, Apt. #. Etc. 108  City Ormond beach  City Ormond beach  State FL 32176  State 32176  The reinstatement fee is imposed, excircumstances which the entity did not retain the prior notices. By checking this box are certifying the prior notices were received and requesting the reinstate fee be waived.  6. I, being appointed the registered agent of the above named corporation, arn familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  City / State / Zip  Officer and/or Directors  City / State / Zip  Charon Ohnona  901 s attantic ave #108  ormond beach fi 32176	ed For Applicable		
Name Charon Ohnona  Street Address (P. O. Box Number is Not Acceptable) 901 s atlantic ave  Suite, Apt. #, Etc. 108  City Ormond beach  City Ormond beach  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  P Charon Ohnona  P1 The reinstatement fee is imposed, exc circumstances which the entity did not re the prior notices. By checking this box are certifying the prior notices wer received and requesting the reinstate fee be waived.  21p Code received and requesting the reinstate fee be waived.  92176  Popological State State State State State Officer and/or Directors  Street Address of Each Officer and/or Directors  City / State / Zip Officer and/or Directors  P Charon Ohnona  901 s atlantic ave #108  Officer and/or Directors  Officer and/or Directors			
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VP " " //			
VY "			
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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 who 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information is on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.			
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SIGNATURE: 09/08/2009 305 213 4968 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	all faes ndicated		