

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

Mailing Address  
PO BOX 16245  
WEST PALM BEACH, FL 33416

[illegible]

4. FEI Number	Appl
65-1140201	Not /

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

TITLE	P
NAME	JARRIEL, ROBERT J
STREET ADDRESS	800 RANCH ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VP
NAME	WICHTERMAN, THOMAS O
STREET ADDRESS	5662 SNEAD CR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or E changed, or on an attachment with an address, with all other like empowered.