PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPL	LICATION	2 H 2	FLORIDA	DEPAR	RTMENT OF STATE				
6	2103	SAZ			Smith	€ L	FILE)	
MEINS	TATEMENT		Du		ry of State		COOMES TO		
			m 40 may		CORPORATIONS	-	03 MAY -7 PM	3: 14	
COCUMENT # PO 1000 101037 1. Corporation Name 27 AVE REALLY THE						TALLAHASSEE, FLORIDA			
			377	AVE KE	gity HC.		- , , ,		
Principal Place	,	1100	Mailing Addre	9 55	:3200 W. PXO	MERCY			
2 3		W. BKOWAK		~~~; ≥~ √~ ~ ;‡ **	: 2200 WILL		१४५३८ वर्षः अस्य अस्य	and Hotel of	
	BIVE				BlvD.	10 3001 V	/ Carrier and		
If above adds		ODEN Cale		V	FJ Lauberonk F	101 2001 1			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable / 3. New Mailing Office Address, If Applicable / 3.						4. Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt.				# etc.		To Do Business in Florida			
			, , ,			5. FEI Numbe		Applied For	
City & Stafe	avoorode.	F193951Y	City & State	Lauden	ecale Fla	6.	1199189	Not Applicable	
2ip 333 1V Country			Zip 3331 V Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)		e of Officers for Directors		3	Street Address of Each Officer and/or Director		City / Sta	ate / Zip	
DIST LINGO HAMMAD					00 N. BROWA	W BIVO.	AlauDen	sale Fla 3331	
			· · · · · · · · · · · · · · · · · · ·		\$				
				<u></u>					
						·	<u> </u>		
,	1 bs/it)			
							900018459829 05/07/03-01088005 **300.00		
		······································					32000 000 **		
					,			·	
	8. Name and Addr	ess of Current R	egistered Age	nt		9. Name and A	Address of New Registered A	\gent	
Name						Anglass Haminges			
Street Address (F						O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.						V 41	200 N.BROHAKD BIKD.		
City						State Zin Code			
An 1507 FA-L						-ouder-v	00/2-4-19- FL	3331-V	
10. I, being app	pointed the registered	agent of the abov	e named corpo	ration, am fa	amiliar with and accept the ol	bligations of Secti	on 607.0505, F.S. or 617.0505	5, F.S.	
	$\langle \langle \rangle \rangle$	}	4.0	ΛJ				, ,	
Signature of Registered Agent							Date 64	20/02	
Tregistered Age		REC	SISTERED AGI	ENT MUST	SIGN		Date		
11. I certify that	I am an officer or dire	ector or the receive	er or trustee em	powered to	execute this application as p	provided for in cha	pter 607 or 617, F.S. I further	certify that when filing	
owed by the	corporation have been	n paid and the ha	imes of individu	uals listed on	n this form do not qualify for	an exemption und	of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T		
					legal effect as if made under				
	\mathcal{Y}	// //	1	1			il	lactor	
SIGNATURE: 04/79/05									
_	**	y	1/						

TO: DIVISION OF CORPORATIONS

SUBJECT: 27 DVE Really IC.

ENCLOSED PLEASE FIND MY RE-INSTATEMENT FORM AS DISCUSSED WITH \$300.00 FOR THE YEARS 2002 AND 2003 DUE I NEVER RECEIVED NO PRIOR REPORTS-AND YOU -- WOULD WAIVE THE PENALTY.

SINCERELY YOURS

Andrew