	<u> </u>	PLEASE	READ A	ALL INSTRU	JCTI	ONS BEFOR				JKM.			
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED 05 JAN 24 PM 12: 04 SECRETARY FOLIATION TALLATIAN FOLIATION					
DOCUMENT # PO20000 8825								Alvas Alvas	iri, Fla	Junn			
RFJ	ALUMI	NUM, IN	IC.										
	l Office Addre			3. Mailing Office		k					07 00		
4975 Viceroy Street				P. O. B	60803			-	, .		U5-05		
Suite, Apt. #, etc. Unit 210				Suite, Apt. #, etc.		4. Date Inc.	corporated Business in		· . ·)1 / 1 s	3/02-		
City & State Cape Coral, FL				City & State Fort My	, FL	5. FEI Nur				A	pplied For		
^{Zip} 3390	33904 Country USA		JSA	^{zip} 33906		Country	6.	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of State				al Fee requireo	
				7. Name	and A	ddress of Current Req	istered Agent				-		
	Name Pichard A Farmer Ir												
	Richard A. Farmer, Jr. Street Address (P.O. Box Number is Not Acceptable)												
	4975 Viceroy Street												
	Suite, Apt												
	Unit 210 City Cape Coral							State		• 3.1	 3904	1	
0 haina							the chilerations of a					<u> </u>	
Signature of Registered	f //	e registered age	h.		Ric	amiliar with and accept		ection 607. Da			<u>ی</u>	2825081 (01/05)	
		٠	∂ RE	GISTERED AGENT	MUST	SIGN							
9. Names	and Street A	ddresses of Eac	ch Officer and	/or Director (Florida	nonpro	fit corporations must lis	t at least 3 directors	;)					
Titles	Name of Officers and/or Directors			Street Address of Ear Officer and/or Direct									
P	Richard A. Farmer		Unit 210 4975 Viceroy S			Street	t Cape Coral, FL 33904			33904			
-					•				-·				
								2)	7.4	n of of o			
					· .		017	24/705-	2457 -01017	002	⊃.⊃;)[**	iso.oo	
40 :													
this rei	nstatement a by the corpora	pplication, the re ation have been	eason for diss paid and the	olution has been elin names of individuals	ninated listed o	o execute this application, the corporate name sa on this form do not quality	tisfies the requirem y for an exemption	ents of sect	ion 607.0401	or 617.040	11, É.S., th	at all fees	
on this	application is	true and accura	ate, and my si	gnature shall have t	he sam	e legal effect as if made	under oath.					1	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05 Richard A.Farmer, Jr. (239)656-5748

Date

Daytime Phone #