## 1 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

21p   33134   Country   Zip	CORPORA' REINSTATE	THE RESERVE	Secreta	RTMENT OF STATE ary of State CORPORATIONS	M eo	AR 10 AM 10: 48	
2. Principal Office Address - No P.O. Box #  1825 PONCE DE LEON BLVD.  Sulle, Apt. #. etc.  #428  \$1825 PONCE DE LEON BLVD.  Sulle, Apt. #. etc.  #428  \$4. Deta incorporated or Qualified of 10-28-2002  To Do Business in Florida of 10-28-2002  \$5. FEI Name and Address of Cornent Registered Agent  To Do Business in Florida of 10-28-2002  \$7. Name and Address of Current Registered Agent  DOUGLAS A. AUSTIN  \$1000 A. AUSTIN  \$1000 A. Business of Florida of 10-28-2002  The reinstatement fee is imposed, exception of 18-28 pointed the registered agent of the above raying corporation must list at least 3 directions (FL)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  P/D SANDRA E. AUSTIN  1825 PONCE DE LEON BLVD.  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  P/D SANDRA E. AUSTIN  1825 PONCE DE LEON BLVD.  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  Titles  Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  \$1000 A. Banks and Street Addresses of Each Officer and/or Director Florida nonprofit corporations are provided for in chapter 607 or 617.55. I harrher certify that when this ren					· ALL	AHASSEE.FLORIDA	
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#428 #428 #428 #428 4. Data incorporated or Qualified O1-28-2002  City & State CORAL GABLES, FL CORAL GABLES, FL CORAL GABLES, FL Zip 33134 Country Zip 33134  The reinstatement fee is imposed, exceptions for Status Designation of Country of Coun	l			<del>-</del>		-0.00	
City & State CORAL GABLES, FL COUNTY 33134  Country			1 ' '	. ,			
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DOUGLAS A. AUSTIN  Street Address (P.O. Box Number is Not Acceptable) 18.25 PONCE DE LEON BLVD.  Suite, Apr. #, Etc. #428  State PL 33134  Sta		7. Name and Address r	of Current Registered Ag	jent			
Sinet Address (P.O. Box Number is Not Acceptable) 1825 PONCE DE LEON BLVD.  the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived.  the prior notices. By checking this box, are certifying the prior notices were received and requesting the reinstatem fee be waived.  State  City CORAL GABLES  8. I, being appointed the registered agent of the above name 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 Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Signature of Officers and/or Directors  Officer and/or Director  P/D SANDRA E. AUSTIN  1825 PONCE DE LEON BLVD.  CORAL GABLES, FL 33134  V/D DOUGLAS A. AUSTIN  1825 PONCE DE LEON BLVD.  CORAL GABLES, FL 33134  40 I J 4 5 4 1 2 7 5 4  03/10/0901016024 ***300.00  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 when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 or 617.0401, F.S., that all overed by the corporation have been paid and the names of one on the form do not qualify for an exemption contained in Chapter 119, F.S. The Information in on this application is true and accurate, and my signature shall have been paid on the form do not qualify for an exemption contained in Chapter 119, F.S. The Information in on this application is true and accurate, and my signature shall have been paid and the names of one on the form do not qualify for an exemption contained in Chapter 119, F.S. The Information in on this application is true and accurate, and my signature shall have been paid and the names of one on the form do not qualify for an exemption cont		AUSTIN					
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SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Desymme Phone #							