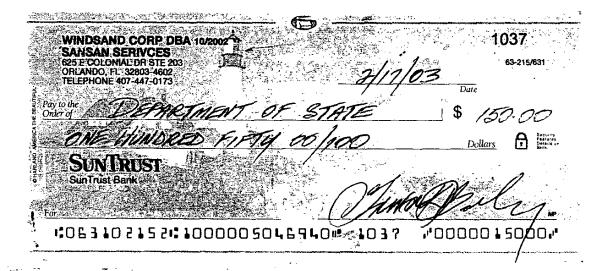
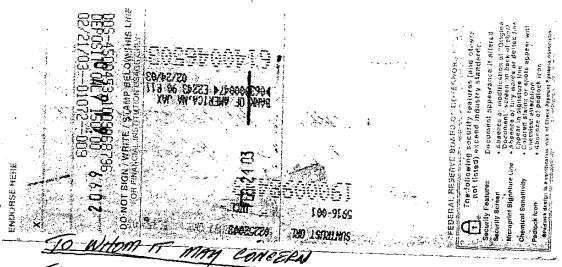
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	1 22/10		TEE INOTI	IOOTIONO BEI ONE	- -	FILED	
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 1	APR -6 AH II: 59 CORE APP OF STATE LAPPASSEE, FLORIDA		
DOCU	JMENT # P020	00026087			TAL	Themeson, environ	
WINDS	AND CORP						٤
2. Principal	l Office Address	···	3. Mailing Off	ice Address		STATEMENT	03-04
· ·				25 E COLONIAL DR			
Suite, Apt. #, etc. 203			Suite, Apt. #, etc. 203			porated or Qualified iness in Florida	
City & State ORLANDO, FLORIDA			City & State ORLANDO, FLORIDA		5. FEI Numbe 01-06185		Applied For Not Applicable
Zip 32803	Country US		Zip 32803	Country	6. CERTIFICATE		dditional Fee required Pertificate of Status
7. Name and Address of Current Registered Agent							
	Name TREVOR BAILEY						
	Street Address (P.O. Box Number is Not Acceptable) 625 E COLONIAL DRIVE 20031851522						
-	Suite, Apt. #, Etc. 203				<u> </u>	<u> 10401005008 **</u>	<u> 150. 1</u> 0
	City ORLANDO	,			State Zip Code 32803		
8. I, being Signature of Registered		Imla	ve partied curpor	ation on familiar with and accept the	obligations of secti	on 607.0505 or 617.0503, F.S.	
9. Names	and Street Addresses of		-	ida nonprofit corporations must list at	least 3 directors)		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
CHAIR	SAMIYAH BAILEY		4925 STEWART AVE		ORLANDO, FL 32808		
TREA	ANNMARIE GARVEY		2184 MOUNTAIN SPRUCE RD		OCOEE, FL 34761		
SEC	TREVOR BAILEY			5704 GRANDCANYON DR		ORLANDO, FL 32810	
				<u>.</u>			
this rei owed t	instatement application, th by the corporation have be	e reason for diss en paid and the	olution has been names of individu	npowered to execute this application as eliminated, the corporate name satisficials listed on this form do not qualify for the same legal effect as if made und	es the requirement or an exemption un	s of section 607.0401 or 617.0401,	F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE DE DE DES DE DES DE							





THE ABOVE CHECK 1037 WAS PAID TO THE DIFT OF STATE FOR 2003 ANNUAL REPORT. I WAS SURPRISED TO FIND OUT DISSOLVED. OUR ADDRESS HAS BEEN CHANGED, WE RECEIVED ENclosed is A REINSTATEMENT REQUEST FORM AND PAYMENT FOR THIS YEAR'S ANNUAL REPORT.

Sweeply, Of