PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		s	DEPARTMEN ecretary of S	State	TE		FILED 07 OCT 25 PM 4:46	
DOCUMENT # PD2000042000. 1. Corporation Name The transfer of the position of							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - 80 8 8 5						4	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 367 1660 42. Not Applicable		
^{z_i} 33	130. Countr	ĬSA:	Zip	Cou	ntry	6		OF STATUS DESIRED \$8.75 Additional Fee required	
Name Roben Carcia. Street Address (P.O. Box Number is Not Acceptable) 5 400 NW 173 DR Suite, Apt #, Etc. City Pa-Locka State Zip Code FL 3 2055						£55	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am 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	Name of Officers and/or Directors			Street Address of Each Officer and/or Directo				City / State / Zip	
Ρ	Ruben	Garc	ia.	5400	NW	173	3 DR	Opa-Locka, F/ 3305	5.
							€ 10/3	00111491966 9/0701025016 **300.00	
this re owed on this	instatement applicatio	n, the reason for dis re been paid and the d accurate, and my	solution has bee e names of indivi- signature shall h	n eliminated, the duals listed on this	corporate name s form do not qual al effect as if ma	satisfies thatify for an	e requirement exemption co	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees nationed in Chapter 119, F.S. The information indicated	