PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

	ı uvı.
(* 1.) turk	HOVE
, '	MILLY E
	VA HTT
· -	(1.717)
1	
	illau
•	

03 OCT -6 PM 3:55

I TO WE THE			03001 -0 111 3.33	
DOCUMENT # POZO 1. Corporation Name B. de A. Wee Ho	90043748	į	SECRETARY OF STATE FAILLAHASSEE, FLORIDA	i.
side 4. week		B		
2. Principal Office Address 902 Sandpiper Ln. Suite, Apt. #, erc.	3. Mailing Office Address 505 Beachland 13/Va Suite, Apt. #, etc. PMR # 1-232	REIN	00023584131 /0301048005 **750.0))3
Cityle State Vero Beach FL Zip Country	Oly & State Vero Beach F.	5. FEI Number	n/ - n n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lied For Applicable
32963 Country USA	32963 Country USA	CERTIFICATI	E OF STATUS DESIRED S8.75 Additional for a Certificate	
	7. Name and Address of Current R	egistered Agent		
Name TOHA	JOSEPH MC+	106H, -	JR	
Street Address (P.O. Box Number is	Not Acceptable) The STREE			l
Suite, Apt. #, Etc.	1)	<u> </u>		
City	RO BEACH		State Zip Code 52960	
8. I, being appointed the registered agent of the a	bove named corporation, am familiar with and accep	ot the obligations of secti	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date	
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonprofit corporations must li	ist at least 3 directors)		
Titles Officers and/or Director	Street Address Officer and/or [City / State / Zip	
D ROISTON D. COI	ES 902 SANDPID	ERLANE	VERD BEACH, FZ	32963
D CHARLES M. CO	DLES 1307 SE84	AVENUE.	OKEECHOBER, Fr 34	974
	HAWKENE 17640 BLACK			5037.
	THE COURT	CONCOUNCY	TORBAN MIKK, TY. M.	<u> </u>
this reinstatement application, the reason for di owed by the corporation have been paid and the	ceiver or trustee empowered to execute this applicati issolution has been eliminated, the corporate name s ie names of individuals listed on this form do not qual y signature shall have the same legal effect as if mad	atisfies the requirements lify for an exemption und	of section 607.0401 or 617.0401, F.S., that a	all fees

HOLL A. COLE ROLSTON A. COLES 9-25-03 772-492-67/0
THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #