PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO STATEME						y of Sta	te	ATE		IVISION	OF COR	F STATE PORATIO)NS			
1. Corpora	ition Name	·															
5	ETT	A	En-	ΓEΊ	RPR	ISES	I	NC.									
المحمد المحيا								ds D	rive				·				
Suite, Apt. #, etc. Suite # 225				Suite, Apt. #, etc. Suite # 225					4. Date Incorporated or Qualified								
City & State Riviera Beach, Zip Country				EL Riviera Beach, F					B								
¹ 33		.*		each		3407		w B	each	6. CERTIFICATI	E OF STATU	DESIRED					
		_			7.	Name and A	ddress of	Current R	legistere	d Agent							
	Swamy N. Setty Street Address (P.O. Box Number of Not Acceptable) 4128 Westroads Drive																
	City	uit							_		State	Zip Code	407				
8. It, 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 Date 2 17 07 REGISTERED AGENT MUST SIGN											CR2E081 (10/02)						
9. Names	and Street Add	iresses	of Each Off	icer and	or Director (Florida nonpro	fit corporat	tions must l	list at lea	st 3 directors)							
Titles	Name of Officers and/or Directors																
P	Swan	74 .	<i>n</i> S	et	ty	117 9	Banl	Mari	ita	May	pal			State / Zip State / Zip State / Sip A Gardens 3418 The certify that when filing 7.0401, F.S., that all fees 5. The information indicated			
S	Sha	sh'	<u>'(5</u> .	S	etty	117	117 San Marita				Way bolm Beach Garde FL 33418				ins		
											:						
this rei	instatement app by the corporation	lication, on have	the reason been paid a	Stitle, Apt. #, etc. Suife # 225 City & State City & State City & State Country Beach 33407 Palm Beach 6. CERTIFICATE OF STATUS DESIRED 6. CERTIFICATE OF STATUS DESIRED 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Applied For Not Acceptable) Setroads Drive State Zip Code FL 33407 It of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Palm Beach State Zip Code FL 33407 The first and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director City / State / Zip													
SIGNA	TURE:	NATURE	AND TYPE	DR Ph	NTED NAME O	OF SIGNING OF	FICER	IRECTOR	- -	2/1-	Date	56	1-841 Daytime Pr	1-3	<u>. 111</u> 1		