PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COR	RPORATION (DEPARTMENT OF STATI Secretary of State sion of corporations	OF STATE				
REIN	STATEMENT				te rions	13 OCT 13	PH 12: ()	
DOCUMENT # POSOSOSTHAL						SECRETAR ALLAHAS	RY OF STA	RIDA	
1. Corporation Name 5004000000000000000000000000000000000						60 10/13/	1 002 3 103010	3 74951 (59025 **)	3 [50.00
2. Principa	I Office Address		3. Mailing Office	ce Address					
Zobnoil South RO BOX				SC KCK	<u> </u>	· .			
Suite, Apt. #	etc.		Suite, Apt. #, etc	.		4. Date Incorp		fied	222
City & State		<u> </u>	City & State		· · · · · · · · · · · · · · · · · · ·		ness in Florida	word 3;	, ,
50%	Hidani		FL	Din	<u> </u>	5. FEI Numbe	Po16 15	503 H	Applied For Not Applicable
Zip	Country	5 0	Zip	Country		6. CERTIFICATE	OF STATUS DES		ional Fee required ifficate of Status
27		71-1	7. Nar	ne and Address of	Current Register	ed Agent		/ Tor a Cert	incate of Status
ļ	Name		_ <	50, 21 k		<u>-</u>			
Street Address (P.O. Box Number is Not Acceptable)									
1100 Lodge C'TCLO									
Suite, Apt. #, Etc.						· · · · · · · · · · · · · · · · · · ·			
	CITY	$x' \lambda x'$	1)	•			State Si	$\frac{1}{2}$	
8. I, being	appointed the registered	agent of the above	ve named corporat	tion, am familiar wit	h and accept the o	bligations of section	on 607.0505 or	617.0503, F.S.	(10/02)
Signature o Registered		RE	GISTERED AGEN	NT MUST STON	Su (<u>) </u>	Date	D-08-0	CR2E081 (10/02)
9. Names	and Street Addresses of	Each Officer and	Vor Director (Floric	la nonprofit corpora	tions must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
6	John	ie S	Hec.	1001	xpo c	izola	Spring	apriller.	alalle
D	Lesise	Sa	Ho!	11091	rkel	0/27:	Sori	ahilifl	34LD
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	<u> </u>								-
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this rei	y that I am an officer or di instatement application, the by the corporation have be application is true and ac	ne reason for disse een paid and the r	olution has been e names o£individua	liminated, the corpo its listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.	.0401 or 617.0401, F.S	., that all fees
SIGNA	TURE:		\mathcal{L}	phnnie	Soven	107	08-03	258-15	3918
	SIGNATURE	OND THEED ON PRO	INTED NAME OF SK	SHING OFFICER OR I	DIRECTOR	•	Date	Daytime Pho	,

2h, 1/4

10.08-03

Dubomit may concern, I Oid not rocious the Uniform business report until 10-07-03 I do notimos CSO DOW'ND DUSINESS T did not realing that this Of battagare sour trapos ba Filed. I con Sorry Elis Lappend IF I reed to face Lot na how Josephani Southoutered washed FET 04-3/109893 20.00x 30col Springhill FL 34loll [352] 683_9188