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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	S S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 04 SEP 10 AM 8:00	
DOCUMENT # PC	200006	REINSTATEMENT 03	-0	
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2. Principal Office Address	3. Mailing O			,
3342 SASSA 9, UN		2 SASSAGUIN CT	- $MR$	λ
Suite, Apt. #, etc.	Suite, Apt. #,		4. Date Incorporated or Qualified	۲
ORIAWSO	City & State	kn d o	To Do Business in Florida	1
S FIA	City & State		5. FEI Number Applied For	
Zip Country	Zip	Country	59376033/ Not Applicab	le
32818 ORAN		I	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Name O +				
TELLONA FERGUER CREY				
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.				
City State Zip Code				
FL 32818				
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 Park Park Park Park Park Park Park Park				
Signature of Tolk				
Registered Agent Park Park Park Park Park Park Park Park				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Street Address of Each Officer and/or Directors Officer and/or Directors Officer and/or Directors			ich Charle / 7	1
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Office KITE	ed TRey	3342 SASS	SAGRING ORLANDO FI	
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees				
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
$\rho(\frac{1}{2})$				
SIGNATURE: COTTACTION COLUMN C				
SIGNATURE NO TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

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PROPESSIONAL CAR WAShi 120 3342 SASSAGUIN CT ORLANDO F) 3284 7-30.04

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