## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE	FILED
	Secretary of State Division of corporations	03 OCT -3 AM 9: 52
DOCUMENT # P0200072090		SECRETARY OF STATE : TALLAHASSEE, FLORIDA
DOCUMENT # PO2000072090 1. CONTROL CREATION FINC		
		100023545111 10/03/0301063003 **150.00
2. Principal Office Address 980 N. VEDBRAL HICKU	2. Malling Office Address	Samuel de manage de 03
Suite, Apt. #, etc.	Sulte, Apr. #, etc.	4. Date incorporated or Qualified 6 1
Style State Parcal El	City & State	To Do Bustness in Florida  5. FEI Number 1 Applied For
33231 31 Chin Genci	20 Gray 2 Trul	6. CERTIFICATE OF STATUS DESIRED S175 A THE COURSE OF STATUS DESIRED
7. Name and Address of Current Registered Agent		
Name JAGON KUGGO		
Store Address (F)O. Box Number is Not Appetiable We Howay Sufa Apt 4. Etc.		
State Zin Code 2		
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 Recistered Agent		Date (4, 1, 0)
REGISTERED A SEAP 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 Street Address of Each Officers and for Directors Officer and for Directors Officer and for Directors		
PRES JKSON RUSSO 980 N. FEDERA MANNEY BOCK RATON FURSHBY		
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 reinstalement 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 of 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 ceth.		
SIGNATURE:	COD)	01,03
SIGNATURE AND TYPED OR PRINTED NAME OF SOUTH OFFICER OR DIRECTOR Date Delie Define Phone #		