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Name Michelle Gore Street Address (P.O. Box Number is Not Acceptable) BDDD25339D1558 114/00 NW 20 DIK Suite, Apt. #, Etc. 12/10/03-0006 ***758 City Core I Splinks FL 33071 8. 1, being appointed the registered agent of the above type of poposition, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Michael Core and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations of Each Officer and/or Director P/D Michaelle Gore (Florida nonprofit corporations of Each Officer and/or Director V/DS Tim GROP (P 114/00 NW 20. DR Oxfal Springs, FL 332071 V/DS Tim GROP (P 114/00 NW 20. DR Oxfal Springs, FL 332071 Image: Street Address B & A by Estreet ast street address St B Street a			OCOTICIONTE OF CTATUO DECIDED 70.13 Additional Pee required	
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REGISTERED AGENT 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 Officers and/or Directors Street Address of Each Officer and/or Directors P/D Mane of Officers and/or Directors Street Address of Each Officer and/or Directors P/D Mane of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P/D Mane of Officers and/or Directors Introdo NW 20. DR Optical Springs, FL 33071 V/D/S Jim Gore Introdo NW 20. DR Optical Springs, FL 33071 V/D/S Jim Gore Introdo NW 20. DR Optical Springs, FL 33071 V/D/S Jim Gore Introdo NW 20. DR Optical Springs, FL 33071	Street Address (P.O. Box Number is N 11400 NW 20 Suite, Apt. #, Etc. City COroch Sprin	DR US	12/10/0301049006 **758 75 State Zin Confe FL 330つり	
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V/d/s Jim Gore 11400 NW 20 DR CorolSprings, FL 33071				
	P/D Michelle Gore	11400 NW 20 DR	Coral Springs, FL 33071	
	V/ds Jim Gore	11400 N/W 20 DR	CaralSprings FL 33071	
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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 filing 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. SIGNATURE: SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Del 03 954.914.0678 Daytime Phone # Daytime Phone # Daytime Phone #				

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