## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 FEB 25 PH 4: 15
DOCUMENT # PO200073031  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE FLORIDA
Express Concret	c Finish	REINSTATEMENT 03-09
2. Principal Office Address 13224 Sw 51 St.	3. Mailing Office Address 13224 SW 5184.	200029405812 02/25/0401071016 **300.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State .  MIVMMAY . FL	City & State	5. FEI Number Applied For
Zip Country	Zip Country Country RYNLYNN	6. CERTIFICATE OF STATUS DESIRED Status  S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is N Suite, Apt. #, Etc.	ICITCIAS IOTACCEPTEBLES STREET	
city MIVAMAR		State Zip Code FL 33021
Signature of Registered Agent	ove named corporation, am familiar with and accept the	Date 2 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	nd/or Director (Florida nonprofit corporations must list at	
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direc	
PD Randy Van	QCIS 13224 SW 5	st St. Miramar, FL 33027
VD Elpidio A.C	Muez 9919 W. OKE	echobee Rd #2310 Hialeah, FC35016
this reinstatement application, the reason for dis owed by the corporation have been paid and the	solution has been eliminated, the corporate name satisf	is provided for in chapter 607 or 617, F.S. I further certify that when filing lies the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated order oath.