## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address  BOD DOUMER RD  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  7. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  BOD City  Suite, Apt. #, etc.  7. Name and Address of Current Registered Agent  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Applied For  Country  Country  7. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  BOD DOUGHT RD  Suite, Apt. #, Etc.  Suite,	CORPORATION REINSTATEMENT PO20000	LORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED  05 FEB 17 AH 8: 49
Suite, Apt. #, etc.  Suite, Ap	# 1. Comoration Name		FALL ARTIST E. CORDA
4. Data incorporated or Quasified To Do Business in Florida:  City & State  CDMM (LASLES FC)  Zip  Country  Zip  Country  Zip  Country  7. Name and Address of Current Registered Agent  Name  Stroot Address (P.O. Box Number is Not Acospitable)  Stoot Address (P.O. Box Number is Not Acospitable)  Sulle, Appl 8, Etc.  City  State  REGISTERED AGENT MUST SIGN  9. Name and Shreet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tibes  Officers and/or Directors  Officers and/or	800 DOUGH RD	SAME	
### STEP ACCOUNTY   Zip   Country   Zip   Country   St. FEI Number   S 2 2 37 Y I I I I I Not Applicable For   Not Applicable   St. FEI Number   S 2 2 37 Y I I I I I I I I I I I I I I I I I I	5018850		4. Date Incorporated or Qualified To Do Business in Florida
7. Name and Address of Current Registered Agent  Name  The Address (P.O. Box Number is Not Acceptable) Stroot Address (P.O. Box Number is Not Acceptable) Stroot Address (P.O. Box Number is Not Acceptable) Sullo, Apt. #, Etc. City  L. L			
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City  **Comm. White Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City  **Comm. White Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City  **Comm. White Street Address (P.O. Box Number is Not Acceptable) Signature of Registered Agent Address (P.O. Box Number is Number of Street Address (P.O. Box Number is Number of Registered Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  **P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street May M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P. Street M. Comm. Street Address of Each Officer and/or Director (Plorida nonprofit corporation must list at least 3 directors)  **P	73-134	County	CEDITICICATE OF STATUS DESIDED AGOITOM FOR PROPERTY
Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apt. #, Etc.  City  State   State   Zig.Code			
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  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 Addresses of Each Officer and/or Directors  Officer and/or Director  Officer and/or Directors  City / State / Zip  P. SRPUKUM M. Com  800 DUULL 45 P.D #800 (OUN LABLE) FC 33.7 Y  4000 47 40 80 54  1001 47 40 80 5	Street Address (P.O. Box Number is Not Acceptable)  8 00 DOU LOLAN RD  Suite, Apt. #, Etc.  8 17 R 850		
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Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	Signature of Registered Agent Date 1/28/04		
Officer and/or Directors  Officer and/or Director  Officer and/or Direc	9. Names and Street Addresses of Each Officer and/or	Director (Florida nonprofit corporations must list at lea	ast 3 directors)
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.			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR Date Daytime Phone #			