PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		S	DEPARTMENT OF ecretary of State ION OF CORPORATION		· · · · · · · · · · · · · · · · · · ·	03 NOV -5 AM S SECRETARY OF S TALLAHASSEE FLI			
DOCL	JMENT # P	02000	09624	18			14 Stanbook		÷	
Flagi	g Meyer 5	alvaggio	, Inc							
	J . 1	00				REI	NST	ENT (73	
2. Principal Office Address			3. Mailing Office Address			400024451424 11/05/03—01059—006 **758.75				
502 Sportsman Pork Dr.						1 1705/0301059006 **758.75				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. Date Incorporated or Qualified				
Cu a parte			City & State			To Do Business in Florida 09 - 03 - 2 002				
Seffner, FL			City & State			5. FEI Number Applied For				
Zip	Country		Zip	Country			194676	1 1	plicable	
335	84		·			6. CERTIFICATE		.75 Additional Fed for a Certificate of		
7. Name and Address of Current Registered Agent										
	Name San J Salvagaio Street Address (P.O. Box Number is Not Acceptable) 502 Sportsman Park Drive Suite, Apt. #, Etc. City City State Zip Code									
	Settner						FL 33584		<u> </u>	
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 Date REGISTEDED AGENT MUST SIGN										
9. Names	and Street Addresses	of Each Officer and	/or Director (Flor	da nonprofit corporations	must list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
DP	Eric W. Meyer			2316-Gulf Bouleward			Indian Rocks Beach, FL 33785			
DVP	Sam J. Salvaggio			502 Sportsman Park Drive			Seffner, FL 33584			
DS	Carolyn J. Salvaggio			502 Sportsman Park Drive			Seffner, FL 33584			
DT	Diane Flaga			2316 Gulf Boulevard		urd	Indian Rocks Beach, FL 33785			
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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.										
SIGNAT	TURE: SIGNATURE	AND THED OR PRI	NTED NAME OF S	FIC MEY FOR DIRECT	- Pres	sident	10-23-0. Date Da	3 ytime Phone #	-	

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