PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCU		# 	_)C		Secretary SION OF C	y of Sta	ate ATIONS	TATE		EC-9 PM REJANI UF AHASSEE F	1:16	Da Do	
Suite, Apt. #	00	/ 15	lale,		3. Mailing O Suite, Apt. #, City & State	·~·		у		5. FEI Numbe	CR2E0 Orated or Qualified ness in Florida		Applied Fo Not Applica Additional Fee req Certificate of Sta	able
7. Name and Address of Current Registered Agent Name Edward Pinkosky Street Address (P.O. Box Number is Not Acceptable) 6 500 NW 151^ AVE Suite, Apt. #, Etc. 200 City Ft Lcucle alake							State FL	33 ^{zip} 33	ode 9	circums the pri are ce receive	einstatement fee is imposed, except in stances which the entity did not receive ior notices. By checking this box, you ertifying the prior notices were not ed and requesting the reinstatement waived.			
8. I, being Signature of Registered /	Car	registere	ed agent of the	7	GISTERED AG	kvo	leg	rith and ac	cept the ob	oligations of section	Date Date	0503, F.S.	15,20	25
9. Names	and Street Ad	dresses		er and	or Director (Flo	orida nonpre				ast 3 directors)	1			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Directo							City / State /	Zip	
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^{10.} E-ma	il Addres	s: <i>F</i>	uste	clo	die O	20	<u>6e</u> 2	or future as	へん	notification)				
this reins awed by	statement appl the corporatio nder oath.	lication, t	he reason for een paid. I fu	dissol	ution has been	npowered to eliminated, pation indic	o execute the corpo ated on the	e this appli orate name his applica	cation as p e satisfies t tion is true	rovided for in cha the requirements and accurate, an	apter 607 or 617, F. of section 607,0401 d my signature shal	or 617.0401,	F.S., that all fees	048