## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # P02000 // 9820  1. Corporation Name	O4 JUL 23 PM 12: II  SECRETARY OF STATE TALLAHASSEE. FLORIDA
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State	4. Date Incorporated or Qualified To Do Business in Florida
BOCA-KATON FL BOCA-RATON, FC	5. FEI Number Applied For Not Applicable
33432 U.S.A. 33432 U.S.A.	CERTIFICATE OF STATUS DESIRED 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 Not Acceptable)  23360 TRANQUIL LANE  Suite, Apt. #, Etc.  City  Bo CA RA + on  State Zip Code  FL 33428  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.	
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  Recurrence 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 Street Address of Ea Officers and/or Directors Officer and/or Directors	ach City (State 17):
PYST MARNY COMBS 23360 TRANQUIL	LANE BOLA RATON, R33488
PVST	900038318329 0672870401050023 ***500:00
	900038318329 06/28/0401050024 **400.00
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.  SIGNATURE:  SIGNATURE:  SIGNATURE AND APPLICED NAME OF SIGNING OFFICER OR DIRECTOR.	