CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000124711

1. Corporation Name

 FILED 03 OCT -6 PM 12: 17

SECRETARY OF STATE

2p Country USA 7. Name and Address of Current Registered Agent Name	WALHORSE CONSTRUCCION INC.					FALLATINSSEE, FLORIDA		
Suite, Apt. #, etc. City & State PSL City & State PSL To Do Business in Florida FLORIDA 7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address Of Do. Box Number is Not Acceptable) Application of State PSL FILE To Do Business in Florida 7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address Of Do. Number is Not Acceptable) Application of State PSL FIL. 34953 City PSL FIL. 34953 State PSL FIL. 34953 State PSL FIL. 34953 State Agent Address of Current Registered Agent Name of Officer and/or Directors 10. Locality 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, FS. I further certify that when filing this consistatement application, the reason for director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further certify that when filing this consistatement application, the reason for director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further certify that when filing this consistatement application, the reason for director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further certify that when filing this consistatement application, the reason for director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, FS. I further certify that when filing this consistatement application, the reason for or disaction that is filed to on this form do on qualify for a receiption under exception under except						•		
Suite. Apt. #, etc. Suite. Apt. #, etc.	2. Principal Office Ad	idress	3. Mailing Office	e Address				
Suite. Apt. #, etc. City & State PSL City & State PSL To Do Business in Florida FLORIDA To Do Business in Florida PSL FLORIDA To Do Business in Florida FLORIDA State FLORIDA To Do Business in Florida FLORIDA State PSL To Do Business in Florida FLORIDA State PSL To Do Business in Florida FLORIDA State State Address of Current Registered Agent Name MARTIN_CORONA State Address of Current Registered Agent 10.7/95//330.10130.06 ***75L To Do Business in Florida To Do Business in Florida FLORIDA To Business in Florida To Do Business	495 S.W	. BALFOUR AVE						
City & State PSL Country 3 4953 USA 7. Name and Address of Current Registered Agent MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 495 S. W. BALFOUR AVE Suite, Apt. #, Etc. City PSL FL. 34953 State PSL 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 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 Agent Agent of the above named corporation must list at least 3 directors) Titles Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PRES MARTIN_CORONA 495 SW BALFOUR AVE PSL FL. 34953 PRES MARTIN_CORONA 495 SW BALFOUR AVE PSL FL. 34953 10.1 cortify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter S07 or 617, F.S. I further certify that when filing this crinistatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 1907(30), F.S. That if ference own own of the order of the corporate name satisfies the requirements of section 1907(30), F.S. That if ference own own own of the proporation indicate of the corporation indicate of participation in dictate of the order portion indicate of the order portion indicate of the order participation in dictate of the order participation indicate of the order participation in dictate or the order participation in dictate order participation in the order participation in the participation in the order participation in the order participation in the order participation in the order participatio								
PSL Zp Country 34 95 3 USA 7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 49 5 5 W. BALFOUR_AVE City PSL FL. 34 95 3 8. 1. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors PRES MARTIN_CORONA 49 5 SW BALFOUR_AVE Size Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Directors Agents Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PRES MARTIN_CORONA 49 5 SW BALFOUR_AVE PSL FL. 34 95 3 10. Locality 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. In that if the cower of an exemption accept in an exemption accoption 1 and confortion indicate own due to the corporation have seen in 140 7(3)0), F.S. The information indicate own due to the corporation have seen and and the anames of individuals listed on this form don on qualify for an exemption undicated in indicate own due to the corporation have seen and and the anames of individuals listed on this form don on qualify for an exemption undicated in indicate own due to the corporation have seen and and the corporation have seen and and the corporation have seen and and the corporation have seen and					4: Date Incorporated or Qualified //) > - (
PSL Zip Country 34 9 5 3 USA 7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 49 5 S. W. BALFOUR AVE City PSL PSL FL. 34 9 5 3 8. I. being appointed the registered Agent of the above named corporation, am familiar with and accept the obligations of section 637.0505 or 617.0505, F.S. Signature of Registered Agent Agen	City & State		City & State		S EEL Numbe		Applied For	
2p Country 34953 7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 495 S. W. BALFOUR_AVE 10/06/0301013006 ***/*5[] PSL_FL. 34953 Signature of Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.050, F.S. Signature of Registered Agent Addresses of Each Officer and/or Directors Name of Officer and/or Directors PRES MARTIN_CORONA 495 SW_BALFOUR_AVE PSL_FL. 34953 Street Address at Each Officer and/or Directors Officer and/or Direc	PSL		FLORIDA					
7. Name and Address of Current Registered Agent Name MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 4.9.5. S. W. BALFOUR_AVE Suite, Apr. #, Etc. City PSL_FL. 34953 PSL 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 MARTIN_CORONA 4.9.5. SW BALFOUR_AVE 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 MARTIN_CORONA 4.9.5. SW BALFOUR_AVE PSL FL 34953 10. Learlity that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 inferential relates owed by the corporation make settine from 40 or 0,0401 or 617,0401, F.S. That inferential relates owed by the corporation make settine from 40 or 0,0401 or 617,0401, F.S. That inferential relates owed by the corporation make settine from 40 or 0,0401 or 617,0401, F.S. That inferential relates owed by the corporation have been paid and the names of individuals listed on the form 40 or 0,0401 or 617,0401, F.S. That all relates owed by the corporation have been paid and the names of individuals listed on the form 40 or 0,0401 or 617,0401, F.S. That all relates one of the form 40 or 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F.S. That all relates the original or 0,0401 or 617,0401, F.S. That all relates one of 0,0401 or 617,0401, F	Zip	Country	Zip	Country	6.	60.75		
Name MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 10, '06/0301013006 ***750. 00 Street Address (P.O. Box Number is Not Acceptable) 10, '06/0301013006 ***750. 00 Suite, Apt. #, Etc. PSL FL. 34953 City PSL FL. 34953 State Zip Code FL 3495 3 Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Director (Plorida nonprofit corporations must list at least 3 directors) PRES MARTIN_CORONA 495 SW_BALFOUR_AVE PSL FL. 34953 10, Lertify 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, 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 107,07(0), F.S. The information indicate over the trip formation indicate in the requirements and polication, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,07(0), F.S. Interferent in this form do not qualify for an exemption under section 107,07(0), F.S. Interferent indicate over the part of the trapers of individuals listed on this form do not qualify for an exemption under section indicate.	34953	USA			CERTIFICATE			
MARTIN_CORONA Street Address (P.O. Box Number is Not Acceptable) 495 S. W. BALFOUR_AVE Suite, Apt.#, Etc. City PSL_FL. 34953 State Zip Code FL 3495 3 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 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 Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director PSL FL 34953 10. Learly 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, F.S., that all fees owed by the corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation 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 has been paid and the names of individuals listed on this form do not qualify for an exemption under section indicate in the form of the collegify for an exemption under section indicate.			7. Nam	e and Address of Current I	Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) 495 S. W. BALFOUR AVE Suite, Apt. #, Etc. City PSL FL. 34953 8. 1, 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Itles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PRES MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953	Name							
Suite, Apt. #, Etc. City PSL FL. 34953 State PL 3495 3 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 697.0505 or 617.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PRES MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 10. Lecrify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 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 feese 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(30), F.S., that all feese 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(30), F.S., that all feese 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(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed and the names of an exemption under section 119.07(30), F.S. the individuals listed and the names of an exemption under section 119.07(30).		MARTIN_CORO	NA			<u> </u>		
Suite, Apt. #, Etc. City PSL FL. 34953 State Zip Code PSL 8. t, 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PRES MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 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 feese 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(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify for an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed on this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed to this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed to this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed to this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed to this form do not qualify on an exemption under section 119.07(30), F.S. the individuals listed to this form do not qualify on an exemption under section 11	Street Address (P.O. Box Number is Not Acceptable)					/0301013066	**750 OO	
City PSL FL. 34953 8. 1, 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 FL 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 Officers and/or Directors Street Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) PRES. MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 10. Lecrify 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)(f), F.S., that all fees owed by the corporation have been paid and the names of individuals islead on this form do not qualify for an exemption under section 119.07(3)(f), F.S. In information indicate information indicate	Suite A	495 S.W. BA	LFOUR_AV	/E		. To Grand God		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent	Juno, /	•	0.53		·		1 1	
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	City							
Signature of Registered Agent # Local Agent MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PRES MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 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 names 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)(f), F.S. The information indicate		PSL	•			FL 34953		
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 MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 10. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 indicate	8. I, being appointed	the registered agent of the above	e named corporation	on, am familiar with and acce	ept the obligations of section	on 607.0505 or 617.0503, F.S.		
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 MARTIN CORONA 495 SW BALFOUR AVE PSL FL. 34953 10. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 indicate	Signature of	111				10 0		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Registered Agent 4	_/GellaRE	GISTERED AGENT	T MUST SIGN		Date	3-03	
PRES MARTIN CORONA 49.5 SW BALFOUR AVE PSL FL. 34953 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 indicate	9. Names and Stree		***	 	list at least 3 directors)	en e		
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 indicate	Titles					^ City / State / 2	Zíp	
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 indicate	PRES MA	RTIN CORONA	•	495 SW BALE	OUR_AVE	PSL FL. 3495	3	
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 indicate					OOK AVE			
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 indicate				The state of the s				
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 indicate					<u> </u>			
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 indicate						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		
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 indicate			B C \$45	2 L L		Common de la commo		
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 indicate								
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 indicate		, ve w				·		
	this reinstatement owed by the corpo	t application, the reason for disso pration have been paid and the n	plution has been elir names of individuals	ninated, the corporate name listed on this form do not qu	satisfies the requirements alify for an exemption unde	of section 607.0401 or 617.0401,	F.S., that all fees	
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	on this application	n is true and accurate, and my sig	gnature shall have t	he same legal effect as if ma	de under oath.		1	
SIGNATURE: V Martin (2000) -		1/-		7	1,	1-13-03	H	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #	SIGNATURE:	SIGNATURE AND TYPED OF PRI	NTED NAME OF SIGN	ING OFFICER OR DIRECTOR	/6		Phone #	