REINSTATEMENT

Principal Place of Business 13550 NW 6 CT N MIAMI, FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City C	•
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Regi red Agent PHILLIPS, GEORGE 13550 NW 6 CT N MIAMI, FL 33168 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid I am familiar with, and a the obligations of registered agent. Signature Typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent algenture required when reinstating) Not Appl Telegraph Telegraph Not Appl Telegraph Telegr	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. SIGNATURE LLOGE Purpose of changing its registered office or registered agent, or both, in the State of Florid the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) 3ATE	
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FILE NOW!!! FEE IS \$150.00 In accordance will:: 607.193(2)(b), F.S., Corporation did no excelve the prior notice	he
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE 3 AND DIRECTORS IN 1	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, Fig. the certify that the information discaled on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under out in that fam an officer or directly of the corporation or the receiver or trustive empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name ε scears in Block 10 or Block changed, or on an attachment with an address, with all other later.	tion
SIGNATURE: X SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR	11 if