

\$ 900

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 DEC 13 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04/05

800062116608

12/13/05--01036--010 **1800.00

CR2E087 (8/05)

2004-2005 Rei

4. Date Incorporated or Qualified
To Do Business in Florida 03/06/03

5. FEI Number 65-0974930
Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARON M DAMES
Street Address (P.O. Box Number is Not Acceptable)
13667 SE FLORA AVENUE
Suite, Apt. #, Etc.
City
HOBE SOUND
State
FL
Zip Code
33455

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 11/28/05

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	Street Address of Each Officer and/or Director	City / State / Zip
P	ARON DAMES	13667 SE Flora Avenue	HOBE SOUND FL 33455
S	"	"	"
T	"	"	"

Signature of Aron M Dames

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/05 772-220-1151

Daytime Phone #