2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

		KEINOI	AIEMENI			_				
1. Entity Nam	ie	# P0300004 ER CORP.				FILE UL-5	D PH 4: 15	ņ		
Principal Place	e of Business				SECRE]				
8232 180TH	AVE N.		Mailing Address 8232 180TH AVE N.			JEON _E INTRA	. 140 117 QUI. 1	. i E CikibA	١	
LOXAHATCHE)	LOXAHATCHEE, FL 33470			11/	IALLA	Hodeline	i i UtuJr	1
				11000001818	TIME OUR TRUE BEIN	BBIIK BBIS BITE	ALTERATOR TRIED IN	11 El 11 HP16		
2. Principal P	face of Busine	ss				, i				
2. Principal Place of Business 3. Mailing Address						· ·			क कटकोटी ।	11 11 11 11 11 11 11 11 11 11 11 11 11
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03252005	STAT	SIVIE	N O	4-05
City & State	e		City & State			4. FEI Nymbe	10579	92		plied For t Applicable
Zip		Country	Zip	Zip Country			of Status Desire	_	\$8.75 Add Fee Required	
	6. Name a	and Address of Currer	Registered Agent			7. Name and Address of New Registered Agent				
041/011/10			Name							
SAVIN, JO 8232 180T	H AVE N.	00470	Street Address (P.O. Box Number is Not Acceptable)							
LOXAHAT	33470					!				
					City	FL Zip Code				9
8. The above	named entity	submits this statement	L ed office or register	red agent, or bo	th, in the State of	Florida. I an	n familiar with,	and accept		
the obligati	ions of registe	red agent.								
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE										
FI	LE NOW!!!	FEE IS \$300.00				In accordance corporation c	e with s. 60 lid not recei	7.193(2)(b), l ve the prior r	F.S., the notice.	
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO	FFICERS AN	ID DIRECTORS	3 IN 11
TITLE	PD		☐ Deleta	TITL	E				☐ Change	■ Addition
NAME	SAVIN, JO			NAM	-					
STREET ADDRESS 8232 180TH AVE N. CITY-ST-ZIP LOXAHATCHEE, FL 33470					EET ADDRESS '- ST-ZIP					
TITLE	ST	51122,12 00410	☐ Delete	TITL					☐ Change	Addition
NAME	SAVIN, JO	HN	U Delete	NAM		ome	سار وسار وسار رساد رسا			_
STREET ADDRESS	8232 180TH AVE N. ST				EET ADDRESS	07/08/0	00570 %01055	nnc	ൂറ് <u>ട്</u> കേഷാവവ വാ	1
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TITLE			☐ Delete	TITL			•		Change	Addition
NAME				NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP			ı		
DILE			☐ Defete	TITL					☐ Change	Addition
NAME			U Ocicie	NAN	- 1		'			
STREET ADDRESS				STR	EET ADDRESS		,			
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL	E				Change	Addition
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STREET ADDRESS		•			EET ADORESS '-ST-ZIP					
CITY-ST-ZIP									Change.	☐ Addition
TITLE NAME			Delete	TITL NAN	1				Change	
STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP					r-ST-ZiP					
12. I hereby o	certify that the	information supplied w	vith this filing does not qualify t	for the exe	emption stated in Se	ection 119.07(3)	(i), Florida Statute	s. I further c	ertify that the ir	nformation
indicated of the cor	on this report rooration or the	or supplemental repor e receiver or trustee en	t is true and accurate and that noowered to execute this repo	t my signa ort as requ	iture shall have the	same legal effec	at as it made und	er oath; that	I am an officer	or director
changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	110=.		27:7		6	130/0	5	56/60	1872	
SIGNAL	Un⊑								<u>'</u>	