FA.

2005 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT | | | | | | | | | | \mathcal{O} | | | |
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| DOCUMENT # P03000097 | | | | 407 | | | | | FILED 05 AUG -9 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | SECKE ISIN | EE, FLU | 1, | | |
| 415 W VINE ST | | | | 415 W VINE ST | | | | TALLAMA | | | | | |
| KISSIMMEE, FL 34741 | | | | KISSIMMEE, FL 34741 | | | | | 11 | | | | |
| | | | | | | | | | SEISE IIKI BEIN ESIIK ESIII | 8 1 1 1 1 1 1 1 1 1 1 | | | |
| 2. Principal Place of Business | | | 3. 1 | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 08022005 | REIN-P | CR2E09 | · · · | | | |
| City & State | | | ' | City & State | | | | 4. FEI Number | | } | _ } | plied For t Applicable | |
| Zip Country | | Z | Zip Coun | | | | | of Status Desired | \${ | 3.75 Add | | | |
| | | | <u></u> | | | | | | | <u> — ге</u> | e Required | 1 | |
| | 6. Name | and Address of Current | Regist | gistered Agent N | | | 7. Name and Address of New Registered Agent | | | | | | |
| FIGUEROA, JOYDI 415 W VINE ST | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| KISSIMMEE, FL 34741 | | | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Code | • | |
| | | y submits this statement fo | or the p | urpose of changing its | register | ed office or | register | | | | | and accept | |
| the obligati | ions of regist | ered agent. | | | | | | | 300588 | | | าหโ | |
| SIGNATURE 08/22/05-01065-010 ***300.108 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | | | | | | In accordance w corporation did | | | | |
| 10. | | OFFICERS AND | DIREC | TORS | 11. | | | | CHANGES TO OFFI | CERS AND D | RECTORS | S IN 11 | |
| TITLE | D | EZ, WILLIAM | Delete | TITL | | | els . | | | Change | Addition | | |
| NAME | | | NAME STREET ADDRESS WILLIAM GUTIEREZ | | | | | | | | | | |
| STREET ADDRESS 14067 OSPREY LINKS RD APT 4 CITY-ST-ZIP ORLANDO, FL 32837 | | | | CITY- | | | 415 | 5 W. VINE ST | | | | | |
| TITLE | D | | | ☐ Delete | TITL | F | 17 | | ϵ | , , , , , , , | 2 Change | Addition | |
| NAME | · | | | NAM | | | Four Ross | | | | | | |
| STREET ADDRESS 14067 OSPREY LINKS RD APT | | | 417 | | STRI | EET ADDRESS | 304 | יע פער ה | NO ST | † | | | |
| CITY-ST-ZIP | CITY-ST-ZIP ORLANDO, FL 32837 | | | cm | | | ili | SSIMM | | e1DA | 3479 | / / | |
| TITLE | | | | Delete | TITL | | ' | • | , | [| _ Change | · Addition | |
| NAME | | | | | NAM | re Eet address | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | | |
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| NAME | | | | | NAM | AE . | | | | | _ | | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | CITY | /-ST-ZIP | ļ | | ^ | _ | | | |
| TITLE | | | | ☐ Delete | TITL | | | 1 | (1) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Change | Addition | |
| NAME STREET ADDRESS | | | | | | eet address | | , | IMI | 1, | 11 | | |
| CITY-ST-ZIP | | | | | cm | /-ST-ZIP | | \mathcal{V}_{i} | () | | , – | | |
| TITLE | | | | ☐ Delete | Tatl | E | | /\ | \sqrt{I} | 7)[(| Change | ☐ Addition | |
| NAME | | | | | NAM | Æ | | / \ | V | • | | | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | $\langle 1 \rangle$ | | | | |
| CITY-ST-ZIP | | | | <u>. </u> | | r-ST-ZIP | <u> </u> | | | | | | |
| 12. Thereby of indicated | ertify that the | e information supplied wit rt or supplemental report i | h this fi is true t | ling does not qualify fo and accurate and that r | r the exe ny signa | emption sta ture shall h | ted in Se nave the | same legal effe | i) Floride Statutes. I of as if made under one | runner certificath; that I am | that the ir an officer | or director | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like an exemption. | | | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OFFICER OR DIRECTOR 8 2 05 407-758-4628 Gaie Daylimo Phone * | | | | | | | | | | | | | |
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