PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DOCUMENT # 0 3000 129 0 35 1. Corporation Name JOSE Ph Call JNC. 2. Principal Office Address - No FO Box # 2. Principal Office Address - No FO Box # 3. Mailing Office Address C Done, Apr. #, 96. 2. Principal Office Address - No FO Box # 3. Mailing Office Address C Done, Apr. #, 96. 2. Principal Office Address - No FO Box # 3. Mailing Office Address C Done, Apr. #, 96. 3. Mailing Office Address C Done, Apr. #, 96. 4. One temporate for Outstee 7. One Develope in Product 1. Compared of Outstee 7. One Develope in Product 1. Fig. Number 1. Compared of Outstee 7. Normal and Address of Corrent Registered Agent Name 7. Name and Address of Corrent Registered Agent Name 1. State Access In Product 1. The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By, checking this box, you are certifying the prior notices were not received and requesting fine reinstatement fee be waited. 3. Fig. Name 1. Long Appointed the reputerse/paper of the agree named agreement, and terminal with and accept the obligations of section 807 6050 or 87 0500, F.Y 2. Done Application 3. Long Application of State Outstee		REE MOTROOTIONS BEI SILE S	1 Carlo man	
1. Corporation Name Corporation Name Corporati	CORPORATION	Secretary of State		
Suite. Apt. 8, etc. City & State			TALLAHASSÉE, FLORIDA	
Med A phicable Signature of Sig	270 Mowtage Bay Ct Suite, Apt. #, etc.	272 Montego Bay C.L. Suite, Apt. #, etc City & State	4. Date Incorporated or Qualified To Do Business in Flonda	
Name Sole Ph Call Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) AND HEQS BAY CITY OF A STREET AGENT MUST SIGN 9. Names and Street Agent Titles Officers and/or Directors Titles Titles Officers and/or Directors Titles Officers an	Zip Country	Zip Country	6. CERVISIONES OF CENTURE DESIGNED \$8.75 Additional Fee required	
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.9' 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 Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3.0 directors) Titles Name of Officers and/or Directors Titles Name of Officer and/or Director Officer and/or Directo	Name Joseph Cali Street Address (P.O. Box Number is Not Acceptable) 270 Montego Bry Ct. Suite. Apt. #, Etc.		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Name of Officers and/or Directors Name of Officer and/or Directors Name of Officers and/or Directors Name of Officer and/or Directors Name of Officers a	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.9' Signature of Registered Agent Date Comparison of the above named corporation of the ab			
Officers and/or Directors Officer and/or Director Man Joseph Cali 270 Monteqoba, Ct Meant Iskul FC. 32953 10. E-mail Address: Www. Joeqcali & hot Mail comp. (To be used for future annual report notification) 11. 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. Further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	9. Names and Street Adalesses of Each Officer and	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)	
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SIGNATURE: Date Daytime Phone I				

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