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Secretary of State

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|---|--|----------------|
| 4. FEI Number 55-0853989 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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IN THIS SPACE**

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 10. | | OFFICERS AND DIRECTORS |
|---|---|------------------------|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P, T NADEL, SETH 4831 DELMONTE AVENUE SARASOTA, FL 34235 | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | | |
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04/30/08-80016-014 150.00

04/30/08-80016-014 150.00

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SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ District Phone # _____