DI EASE DEAD ALL INISTRICTIONS REFORE COMPLETING THIS FORM

a, ~*		PLEASE READ A	ALL INSTRU	CTIONS BEFO	ORE C	OMPLETI	NG TH	HIS FORM.		
ľ	PORATI	(SERVICE LICENS)	Secr	PARTMENT OF Setary of State of Corporations	TATE				.IIO 0 AN 10: 19	
DOCUMENT # DO DOD 48938 1. Corporation Name James A Nichols Soffit ANDS Iding FNC.									AGE CARA	
ORAW Suite, Apt. #,	GE PA	"Bay RD LKF/B.32073	3. Mailing Office Address 2508 Hollary RD QL AWQ & PARK FIA 32073 Suite, Apt. #, etc.			CR2E081 (8/05) 9 9 4 4 . 7 5 4. Date Informorated or Qualified To Do Business in Florida 8/2 4/0 4				
ORANGE PARK, FIA			GRANGE PARK, FLA			5. FEI Number Applied For Not Applicable Not Applicable				
Zip 3207) 3	Country VSA	Zip 32073	Country USA		6.		\$8.75	Additional Fee require a Certificate of Status	ed
Signature of Registered A	Street Add 2.5 Suite, Apt. City appointed the	tress (P.O. Box Number is No is Of Holly BA #, Etc. N/A Awg 6 PAR e registered agent of the above	Kenamed corporation	n, am familiar with and ac Must SIGN				Zip Code 32673 15 or 617,0503, F.S.	5	7
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
ρ	JAMES ALAN NICHOLS			2808 Holly BAYRD			DRAWGE PARK F/A. 32073			
		i sant	3141) <u>4</u> :	5				
this rei	instatement a by the corpora application is	officer or director or the rece pplication, the reason for diss ation have been paid and the s true and accurate, and my s	olution has been elim names of individuals ignature shall have th	ninated, the corporate nai listed on this form do not ne same legal effect as if	me satisties qualify for made unde	s the requirements an exemption und er oath.	s of section ler section	1 607 0401 OF 617 040	information indicated	