PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN 29 PM 1: 17
DOCUMENT # POY DC 1. Corporation Name A P O C K	00 11014 By Elena CO14.	SECHLIARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # $\frac{OS24}{W16952}$ Suite, Apt. #, etc.	3. Mailing Office Address $\frac{2}{6824}$ $\frac{3}{16952}$ Suite, Apt. #, etc.	500117605435 02/08/0801020027 **600.00 CR2E081 (12/07) 4. Date Incorporated or Qualified To Do Business in Florida
City & State HiA/CA/F/ Zip Zip Zip Country D/SA	City & State HiA/CANF/ Zip Zip Zip Zip Zip Zip Zip Zip Zip Zip	5. FEI Number 5. 9-3777272 Applied For Not Applicable 6. CONTREMATE OF STATUS DESIDED \$8.75 Additional Fee required
3.3019 4.517 33014 7.57 7. Name and Address of Current Registered Agent Name $FFain$ $AFCD5$ Street Address (P.O. Box Number is, Not Acceptable) 6.824 6.952 Suite, Apt. #, Etc. 7.572		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 the reinstatement
City HiA/EAA 8. I, being appointed the registered agent of the a Signature of Registered Agent	fee be waived. obligations of section 607.0505 or 617.0503, F.S. Date $28-08$	
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 Direct	Street Address of Eac	ch City / State / Zip
REINSTA'	I EIVIEINI I-OF	
10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:		