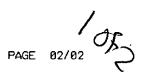
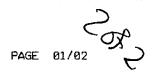
11/21/2008 10:35 5616941639



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

		·			1	• •	
REINS	PORATION STATEMENT	DIVI	DEPARTMENT Secretary of Stat SION OF CORPORAT	e			21 AH 10: 25 SEE, FLORIDA
1. Corporati	MENT # P04000 on Name CIAL SECURITY		Y LAW FIRI	M P.A.	XX	TOLLAHAS.	oee, reurida
2. Principal Office Address - No P.O. Sox # 3. Mailing			Office Address		(ZV E55 (LV)		デ ヘフス
2301 West Sample Road, 2301			301 West Sample Road,		新加州·普里	AND CORPORATION IN	07-0
			e, Apt. ₹, etc.				
Bldg 1 Suite 4 Bldg 1			1 Suite 4		4- Date Incomp To Do Bust	iorated or Qualified ness in Florida 03/08/2004	Ι '
City & State City & St					5. FEI Numbe		Applied For
	no Beach, FL		npano Beach, FL			` [-	Not Applicable
²⁰ 0 33073	Country	33073	Country		6. CERTIFICATE	OF STATUS DESIRED S8.75 Adulth	tonal Fee required liteate of Status
33075		rese of Current Regis		•		105 11 52 111	ite.ite di Ginia.
Street Addre	DRATE CREATIONS 955 (P.O. BOX Number IS Not Acco PRSPERITY FARMS 8, Etc.	INC.		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 fee be waived.			
City PALM BEACH GARDENS			State FL 3	Zip Code 3410	Zip Code		
8. I, boing a Signature of Ragistered A	appointed the registered agent of	umme	oration, em femiliar wit Samantha Sim SENT MUST SIGN		-	on 607.0505 or 617.0503, F.S. Date 11/21/08	
9. Namea :	and Street Addresses of Each Off	cer and/or Director (FI	orida nonprofil corpora	tions must list at le	est 3 directors)		
Titles	Titles Name of Officers and/or Directors		Street Address at Each Officer and/or Director		n r	City / State / Zip	
D	CHRIS R BORGIA		2301 W. Sample Rd, Bldg 1 St		ldg 1 Ste4	Pompano Beach, FL 3	33073
				,			
		<u>. –</u> .					
							
owned by	statement application, the reason y the corporation have been paid e application is type and appurate, as	for dissolution has been dishe names of individent my algorithms whall h	n eliminated, the corpo Auslis listed on this form nive the seme legal effo	rate name satisfies to not qualify for cit as if made under	s the requirements an exemption con or eath.	ipter 607 or 617, F.S. I further certify the of section 607,0401 or 617,0401, F.S., lained in Chapter 119, F.S. The information of the fact of the fac	, thet ell fees stion indicated



Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000261161 3)))



H080002611613ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617~6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053. Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

SOCIAL SECURITY DISABILITY LAW FIRM P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	-\$900.00

Electronic Filing Menu

Corporate Filing Menu