PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 MAR 23 PM 1: 52
DOCUMENT # 2010000 93277		FALL AHASSEE, FLORIDA
Pan Hakman's departing somulo		700095805007 04/04/0701039008 **150.00
2. Principal Office Address - No P.O. Box # 0405 AIN WOLTH RD	3. Mailing Office Address	REINSTATEMENT 06-67
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
COCON LLA	City & State	5 FEI Number Applied For Not Applied by
SURVEY COUNTRY	Saga Country BREVEND	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	f Current Registered Agent	
Vane Moskinson		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		 are certifying the prior notices were not received and requesting the reinstatement
		fee be waived.
40902	FL 35937	
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.S. Signature of Registered Agent Date Date		
REGISTERED AGENT MUST SIGN		
Name of	d/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors		
win Bun Bodinson	6465 Answay	16 per 32, 4000 COB A
J3/2	9	700095805007
		##130.00
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 817, F.S. I further certify that when filling 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 3-3)-07 369-720 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		

Hoslinson's Cleaning SED.
OUGS AIRS WORTH RD
CORDA, CLA 39937

To whom it may concern,

I have and received to backcuss

REMINDER ME OF LEMENT OF MY CORP. THERE has been and of growth in my wish, so mays of that is why. I'm making my two years of smeal. That is what. That you way much.

an John

Pam Hoskinson