PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATI REINSTATEM	יבו		5	DEPARTMEN Secretary of S SION OF CORPOR	tate		09 FEB -4	AM 9: 19
DOCUMENT# PO4 00 12/193						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Direct Concept Colo								1
2. Principal Office Address - No P.O. Box # 4630 5 Kirkman Rd Suite, Apt. #, etc. 3. Mailing Office Address 4630 5 Kirkman Rd						CR2E081 (10/08)		
193 19				3			orated or Qualified ness in Florida	12/1001
City & State						5. FEI Numbe	· /	Applied For
Zip Country Zip Country 328 11 USA						6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required to a Certificate of Status		
7. Name and Address of Current Registered Agent						1		
Raphael Berdinuia						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		
Street Address (P.O. Box Number is Not Acceptable) 46.30 5 Kid man Rd								
Suite, Apt. #, Etc.					received and requesting the reinstatement fee be waived.			
City State Zip Code FL 30 811						100 00	waiveu.	
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 1800								
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 Directors			Street Address of Each Officer and/or Director		•	City / State / Zip	
PD Rap	bael	Bond) ouin		5 Kirkman	Rd #19	0 00 00	FL, 3281
VPD mil	<u> </u>	<u> 50,000</u>	>	4630 5	Kirkman	Rd #19=	3 Orlando	FL, 3281
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REINSTATEMENT								
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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 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:	Rus	shoet_	R	andy			130/00	
810	NATURE AND	TYPED OR PRIM	TEU NAME OF S	ggning-officer or	DIRECTOR		Date / Day	time Phone #