CORPORATION REINSTATEMENT  Secretary of State DIVISION OF COMPONENTIONS  DOCUMENT # PO4000128698  L. COPPONENT # PO4000128698  L. COPPONENT # PO4000128698  L. COPPONENT # PO4000128698  L. COPPONENT # PO4000128698  L. COPPONENTIAL POART LOOP  REINSTATEMENTO  REINSTATEMENTO  REINSTATEMENTO  REINSTATEMENTO  REINSTATEMENTO  REINSTATEMENTO  REINSTATEMENTO  REPROPERTIES (1807)  A. Data berequirable or Country  To 100 Bullwares in Figure  Survey Applicate for COPPONENTIAL POART LOOP  REPROPERTIES COUNTRY  To 100 Bullwares in Figure  To 100 Bullwares in Figure  To 100 Bullwares in Figure  REPROPERTIES COUNTRY  To 100 Bullwares in Figure  To 100 Bullwares in Figure  To 100 Bullwares in Figure  REPROPERTIES COUNTRY  To 100 Bullwares in Figure  To 100 Bullwar	PLEASE READ	ALL INSTRUCT	TIONS BEFORE	COMPLETI	NG THIS FORM.	
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Signature of Regletared Agent  REGISTERED AGENT MUST SIGN  Date 7 19 7  REGISTERED AGENT MUST SIGN  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officer and/or Directors Officer and/or Director (City / State / Zip  P Rownig CHENT Soc CLOUP DAILEY WAP A ORUMD, FL 32825  107/24 10701/2301/5 ***450(ii)  10. Learlify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify thrat when filling this releastatement application, the reason for dissolution has been eliminated, the corporation name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees over thy 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 sarro logal effect as if mude under orth.  SIGNATURE:	Street Address (P.O. Box Number is Not Acceptable)  BOO CLOUD DA-10 Y LOS  Sulte, Apt. #. Etc.  SULTA A  City State Zp Code			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		
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P ROMAS CHENST Soo CLOUN DAILY LOS A DRUMO, FL. 32825  10.1 10525555  17/24 07-01123-015 ***450.00  10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this relocatement application, the reason for disabilities have been eliminated, the corporation have been paid and the names of Individuals listed on this form do natify for an exemption contained in Chapter 118, F.S. The information indicated on this application is true and accurate, and my signature shall here the sarro logal effect as if made under oath.  SIGNATURE:	No. of Charles of E			and the same of the		
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