## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P04000160011  1. Corporation Name  CULF SHOVE Floov COVEVING INC.  2. Principal Ciffic Address by Section 10000404040  3. Mailing Office Address FL 34103  Suite, Apt. 8, etc.  4. Dieto incorporated or Qualified 1000040  To Do Business in Portice 11/24/00  S. FEI Number 11/24/00  To Do Business in Portice 11/24/00	43
2. Principal Office Address 45 F2 E. All Hambra Circle 45 F2 E. All Hambra Circle Naples F1 3410 3 Suite, Apt. #, etc.  1. Date Incorporated or Qualified To Do Business in Florids 11/24/0  2. Date Incorporated or Qualified To Do Business in Florids 11/24/0  2. Date Incorporated or Qualified To Do Business in Florids 11/24/0  3. Applie 1. Date Incorporated or Qualified To Do Business in Florids 11/24/0  3. Applie 1. Date Incorporated or Qualified To Do Business in Florids 11/24/0  4. Date Incorporated or Qualified To Do Business in Florids 11/24/0  5. FEI Number 1. Date 1. Dat	ATE RIDA
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City & State    Naplex	$\overrightarrow{-}$
7. Name and Address of Current Registered Agent  Name Luis, E. Furnandis.  Street Address (P.O. Box Number is Not Acceptable)  US\$2 - E - HI Hambra Circle.  State Zip Code  FL 34/03.  8. I, being appointed the registered agent of the above named comporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  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  Officers and/or Directors  HS84 E. Aft Nambra Circle  Name Critical State State City (State / Zip  Officer and/or Directors)  HS84 E. Aft Nambra Circle  Name Circle  City / State / Zip  Name Addresses of Each Officer and/or Directors  City / State / Zip	
Name Luis, E. Furnandes  Street Address (P.O. Box Number is Not Acceptable)  45.82 - E - H/Hambra circle.  Suite, Apt. #, Err  City Naples  State Zip Code FL 34/03.  8. I, being appointed the registered agent of the above named constration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date DESCRIPTION  Titles Officer and/or Directors (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Officer and/or Directors  City / State / Zip  Wadde, FC 34/10	
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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 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 at 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 in on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #	