## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT				A DEPARTMENT OF STATE Secretary of State INISION OF CORPORATIONS		FILED 08 OCT 1 O PM 4: 00			
DOCU		# P050000	31118	₽			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Eu	ıromotiv	ve Unlimited, l	nc		0	REIN	STATEM	ENTO)-	
2. Principal Office Address - No P.O. Box # 3. Mailing O				ffice Address					
3044 Lions Court			3044 Lions Court			CR2E081 (10/08)			
Suite, Apt. #, etc.			Sulte, Apt. #, etc.						
						4. Date Incorporated or Qualified			
City & State	B		City & State	City & State			To Do Business in Florida 02/24/2005		
Kissimmee, Fl			Kissimmee, FL			54-21675		Applied For	
Złp	Country Zip			Count	ry			Not Applicable	
34744		USA	34777	USA	Ň	6. CERTIFICATE		Additional Fee required a Certificate of Status	
		7. Name and Address of	Current Registered A	gent					
Name						The reinstatement fee is imposed, except in			
	Ramon Ocasio						circumstances which the entity did not receive		
Street Address (P.O. Box Number is Not Acceptable)						the prior notices. By checking this box, you are certifying the prior notices were not			
3044 Lions Court Suite, Apt. #, Etc.									
ошо, грс ж, ши.						received and requesting the reinstatement fee be waived.			
City Kissimmee				State FL	Zip Code 34744				
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 10/10/08									
		RI	GISTERED AGENT M	UST SIGN					
9. Names	s and Street A	ddresses of Each Officer an	Vor Director (Florida no	nprofit corpo	rations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors				treet Address of Each fficer and/or Director		City / State / Zip		
Pre	Ramon Ocasio		304	3044 Lions Court			Kissimmee, FL 34744		
						300136806393 10/10/0801015007 **300.00			
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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 filing 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 tisted on this form do not qualify for an exemption contained in Chapter 118, 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:  10/10/08  407-722-1796  Date  Date  Daytime Phone #									
1	\$	IGNATURE AND TYPED OR P	ENTED NAME OF SIGNING	G OFFICER O	R DIRECTOR		Date Daytim	ia Mone #	

OC 10/13