PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

and the same		1 FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2007 OCT 30 PM 4: 17
DOCUMENT # POSODOG 68866 Ganriaway INC		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ganriaway I	nc	
2. Principal Office Address - No P.O. Box# 3100 5. Dixix 7wy	3. Mailing Office Address	10/25/07 01047 019 \$150. W
Suite, Apt. #, etc. Af 8 Z	Suite, Apt. #, etc.	4. Date Inderporated or Qualified
City & State Boca Reton FL	City & State	To Do Business in Florida 75y 10, 2095 5. FEI Number Applied For Not Applicable
33437 Country USA	Zip Country اد د	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	Current Registered Agent	
Name Talain Gullein Gairinaway Street Address (P.O. Box Number is Not Acceptable)		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you
3100 S. Dixie lawy		are certifying the prior notices were not
Suite, Apt. #, Etc.	•	received and requesting the reinstatement
Bora Natan	State Zip Code FL 33432	fee be waived.
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 10/29		
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 Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	City/State/Zip
Dune Jalan Gannen		Hury Boca Ration 72
	Apt.82	
		10/31/07-10/34-5020***150.00
	RH	ENSTATEMENT
		06-07
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 fisted 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: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		