PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	© 1 L E D 09 OCT 28 AM 10: O4
DOCUMENT # Po So	000088717	ALLAHASSEE, FLORIDA
JOHN CAlvanese DC PA		
1.		800162256438 10/28/0901023011 **750.00
2. Principal Office Address - No P.O. Box# 7100 W Commercial Blud	3. Mailing Office Address 7100 W Commercial Blud	CR2E081 (12/08)
Suite, Apt. #, etc. # 110	Suite, Apt. #, etc. 生 110	4. Date Incorporated or Qualified To Do Business in Florida
City & State LAuderhill Florida	City & State LiAuderhill Flordin	5. FE! Number Applied For Not Applied For Not Applied For
33319 USA	32319 Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent Name JOHN CALANES C Street Address (P.O. Box Number is Not Acceptable) 7100 W Commerce Blud Suite, Apt. #, Etc. # 110 City Anduch II State FL 33 319		☐ 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 received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named exponential, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 10/0/33/09		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each On 100 100 100 100 100 100 100 100 100 10		
Officers and/or Directors	. 1 0	City / State / Zip
PI John Calyprese 7100 W Commercial Blud Lauderhill +1 33319		
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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 by signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		