2007 FOR PROFIT CORPORATION REINSTATEMENT

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Principal Place of Business 4117 VISTA LAGO CIR APT 301 KISSIMMEE, FL 34741 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, Apt. #, etc. 2. Principal Place of Business - 160 P.O. Box # 5391 Nights AVE Suris, App. #, etc. 3. Mailing Aptress - 150 P.O. Box Microbox Status Desirator Place Pla	DOCUMENT # P05000104		FILED				
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Single Address of Current Registered Agent File Rowth File Rowth File Rowth Registered Agent File Rowth File Rowth Registered Agent Street Address of Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) In accordance with s. 607.193(2)(b), F.S. the copporation of registered agent, or both, in the State of Florids. I am familiar with, and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the Copporation of Intercepted in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with and acceptable in the Copporation of Interceptable in the State of Florids. I am familiar with and acceptable in the State of Florids. I am familiar with an acceptable in Florids. I am familiar with an acceptable in the State of Florids. I am familiar with an acceptable in Florids. I am familiar with a Florid acceptable in Florids. I am familiar with an a		ORLANDO, FL		4. FEI Number		Not App	olicable
Name		32803	USA	J		Fee Required	ıl
Signature Page 1 and 1 a		Name	ļ. · · · · · · · · · · · · · · · · · · ·				
City FL Zip Code 8. The above named entity subman his statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the obligations of registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the state of Florida. Tam barnillian with, and accordance with the state of Florida. Tam barnillian with, and accordance with the state of Florida. Tam barnillian with, and accordance with the state of Florida. Tam barnillian with, and accordance with the state of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent, or both, in the State of Florida. Tam barnillian with, and accordance with the purpose of changing is registered agent age	4117 VISTA LAGO CIR APT 301		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent and the property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident agent, or both. If it is necessary agent a			City	City Zip Code			
FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11. IIIE MAME HTIKE, THAN 117 VISTA LAGO CIR APT 301 VISTA LAGO C		r the purpose of changing it	ls registered office or regist	ered agent, or both, in		familiar with, and a	зссері
TILE NOW!! FEE IS \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE HTIKE, THAN 4117 VISTA LAGO CIR APT 301 KISSIMMEE, FL 34741 Delete TILE MAKE SIREF ADDRESS CITY-ST-ZIP TILE MAKE SIREF	SIGNATURE	and title if applicable. (NO	ITE: Registered Agent signature rec	uired when reinstaling)	4.27-07	-	_
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NAME STREET ADDRESS CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS			Change	Addition
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SIGNATURE: SIGNATURE AND LEFED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	indicated on this report or supplemental report in of the corporation or the receiver or trustee empth changed, or on an attachment with an address. SIGNATURE:	s true and accurate and that owered to execute this repo with all other like empowere	t my signature shall have that as required by Chapter 6 ad.	e same legal effect as	s if made under oath; that I and that my name appears	am an officer or die in Block 10 or Bloc	rector