## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CALIBE TITL TINESTMENT COR 9.  2. Principal Office Authors - No. 10. Sp. 8  3. Maining Office Authors  SAME  Suite, Act 6, yic  3. SAME  Suite, Act 6, yic  3. Same  1. Data Incorporated of Quantities of Fortist States of State	REINSTATEMENT Sec	EPARTMENT OF STATE cretary of State n of corporations	FIL 09 DEC 17	ED 7 PM 3: 20	
State, Apt. 4, state  3.3 State, Apt. 4, state  4. Data interpreted of Quantities  4. Data interpreted of Quantities  5. Fill Number:  3.2 State  4. Data interpreted of Quantities  5. Fill Number:  3.2 State  6. Centrician  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. State ATTICATE OF STATUS DESIRED  9. State ATTICATE OF STATUS DESIRED  1. Deciding the prior notices which the entity did not receive the prior notices were not received and requesting the reinstatement fee be waived.  1. Leving appointed the registered agent of the above named corporation, and saniture with and accept two obligations of section 607.0506 or 617.0503, F.S.  1. Leving appointed the registered agent of the above named corporation, and corporate corporations must list at least 3 direction)  9. Names and Street Address as of Each Officer and or Director Officers and refor Director Officers and reformation in contained in Chapter 13, F.S. It but her cardity that when fining this remarks the requirements of section 607.0401 or 617.0401, F.S. The violentation on the application, for masses for description, or or special or section for Officers and reformation indicated on the application is to seen and accurate, and ray against on the properties or contained in Chapter 13, F.S. The violentation indicated on the application is true and accurate, and ray against and level the order certification on the application is true and accuration, and ray against a shall have the same lugal effect as 6 made order certification.	1. Corporation Name		SECRATA	. ATE	
7. Name and Address of Current Registered Agent  Name	8306 Mil/s Dr.# 333 Suite, Apt. #, etc. 333 Sitte, Apt. #, etc.  City & State  Miami F/ 33183	AME	4. Date Incorporated or Qualification Business in Florida  5. FEI Number 32 020 894	ed 11/08/05 Applied For	)g Wor
Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent Must sign 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 Director  Officer and/or Director  Director  City / State / Zip  P Elizabeth Cambua  8306 Mills Dir. #333 Mijami. Fl. 33/83  10.1 contily 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 contrily that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name salisfies 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 my signature shall have the same legal effect as if made under cath.  SIGNATURE:  SIGNATURE:  SIGNATURE:	Name Elizabeth Cavolua  Street Address (P.O. Box Number is Nol Acceptable)  \$306 AATUS DR //  Suite, Apt. #, Etc.  #333  City AA		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		
Name of Officers and/or Directors    Street Address of Each Officers and/or Director	Signature of Registered Agent			17.0503, F.S.	
Officer and/or Directors  Officer and/or Director  Officer and/or Director  City / State / Zip  DELIZABETH CANDUA 8306 Mills Dr. #333 Mijami F7 33/83  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 salisfes 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 quity 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:	9. Names and Street Addresses of Each Officer and/or Director (Florida	a nonprofit corporations must list at lea	ast 3 directors)		]
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MONTO TO THE UNITED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Dating Phone if	this reinstatement application, the reason for dissolution has been eli owed by the corporation have been paid and the names of individuals on this application is true and accurate, and my signature shall have	minaled, the corporate name salisfies s listed on this form do not qualify for a the same legal effect as if made under	the requirements of section 607.0 in exemption contained in Chapte	401 or 617,0401, F.S., that all fees	