"PL'EASE READ ALL INSTRUCTIONS BEFORE COMPLÈTING THIS FORM.

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CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 JAN -5 AM 9: 20
DOCUMENT # 705000159076	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name	TALLAHASSEE, TEOMBA
BBG Nellucry + 100	•
•	900138955959
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3 11 N S + .	900138955959 12/11/08-01023-012 CR2E081 (10/08)
Suite, Apt. #, etc.	CKZEGGT (10/00)
Np+ 208	4. Date Incorporated or Qualified To Do Business in Florida 11/26/05
Lauderolale Loke Tlorida	5. FEI Number 2 9 5 1 Applied For
Zip 3311 Country Zip Country	6. CEDITIENATE OF STATUS DESIDED \$8.75 Additional Fee required
	for a Certificate of Status
7. Name and Address of Current Registered Agent	☐ The reinstatement fee is imposed, except in
Kerince Georges	circumstances which the entity did not receive
Super Address (P.O. Box Number is Not Acceptable) 0 + 20 8	the prior notices. By checking this box, you are certifying the prior notices were not
Suite, Apt. #, Etc.	received and requesting the reinstatement
Jaugerdo e lakes Fl. State 33891	fee be waived.
lauderdole Jokes Fl.   State 33 391	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o	10000
Signature of Registered Agent	
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 Street Address of Each Circl State (7 in	
Officers and/or Directors Officer and/or Director	Oity/State/Zip
Prince Georges Jauderdale 1	K(ST/3311 F/ 33311
The state of the s	7, 3300
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REINSTATEMENT RH	·
ICTION TAIL STATE	
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 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 oath.	
SIGNATURE:	12/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #
	113/12/- 8942