## 2007 FOR PROFIT CORPORATION REINSTATEMENT

|  | DOCU   | MENT # P05000160   | 008(   | 19.30                                   |  | 4 t b a                     | n_a lu f   |                                  |  |
|--|--|--|--|---|--|-----------------------------|--|----------------------------------|--|
| 1700 W. MITTL SPEEDWAY RUV   3307 W. UNIVERSITY AVE GAMESVILLE, FL 32607 25  | 1. Entity Name                                 | 9  |  |   |  | 07 JAN 26                   | AHH: 50  |                                  |  |
| 1700 W. MITTL SPEEDWAY RUV   3307 W. UNIVERSITY AVE GAMESVILLE, FL 32607 25  |  |  |  |   |  | South to Y                  | OF STATE   |                                  |  |
| 1700 W. MITTL SPEEDWAY RUV   3307 W. UNIVERSITY AVE GAMESVILLE, FL 32607 25  | Principal Place                                | e of Business  | Mailing Address  |   | <del></del> -                                      | LLAHASSE                    | FE, FLORIDA  |                                  |  |
| ANTONIA BEACH, FL 32114 US  Principal Place of Business - No P.O. Box e    Too On.   No.     |  | ·  | •  |   |  |                             | LEY I EUMDA  |                                  |  |
| 2. Moding Address Suita, Apit. 4, inc.  Suit   | NO.140   | AOU EL 2044A - UC  | GAINESVILLE, FL 32607  | 25                                      | ļ  |                             |  |                                  |  |
| Sign. Apt. 4, etc.   Sign. Applied For   App   | DAYTONA BE                                     | ACH, FL 32114 US   |  |   | 4 103/1031 11                                      | Bajer Gilik enrik serk enij | DI MANG BUMU BANGU MUMU BANG BI                    | DI <b>re</b> n al Ivel           |  |
| Sign. Apt. 9, etc.   Applied For Not Applied   | 2. Principal Pl                                | ace of Business - No P.O. Box #  |  |   |  |                             |  |                                  |  |
| City & State  Country   |  |  |  | SPEEDWAY                                | BLVD.  |                             | #  | 114 <b>88</b> 1 11 1 <b>4</b> 81 |  |
| City 6. States    Country   20   |  |  |  | •                                       | 01222007   | REIN-P                      | CR2E098 (1/07)                                     |                                  |  |
| Country   Zip   Zip   Country   Zip      | City & State                                   |  |  |   | 4. FEI Numb  | 4 FEI Number Applied F      |  | oplied For                       |  |
| Signal August 1  |  |  |  |   |  |                             |  | Not Applicable                   |  |
| 6. Name and Address of Gurrant Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name Name Site Address (P.O. Box Number is Not Acceptable)  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with and scoop ine obligations of registered agent. SIGNATURE  FILE NOW!!! FEE IS \$300.00  In accordance with s. 607. 193(Zyb), F.S., the control of the notion of the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with and scoop ine obligations of registered agent.  FILE NOW!!! FEE IS \$300.00  In accordance with s. 607. 193(Zyb), F.S., the control of the notion of the center with a familiar with and scoop in accordance with s. 607. 193(Zyb), F.S., the control office of registered agent.  FILE NOW!!! FEE IS \$300.00  In accordance with s. 607. 193(Zyb), F.S., the control of the notion of the center with s. 607. 193(Zyb), F.S., the control of the notion of the center with s. 607. 193(Zyb), F.S., the control of the notion of the center with s. 607. 193(Zyb), F.S., the control of the center with s. 607. 193(Zyb), F.S., the control of the center with s. 607. 193(Zyb), F.S., the control of the center with s. 607. 193(Zyb), F.S., the control of the center with s. 607. 193(Zyb), F.S., | Zip  | Country  | Zip  | Country                                 | 5. Certificate                                     | of Status Desired           |  |                                  |  |
| All Part at those named antity automate this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the obligations of registered agent, or both, in the State of Florida, I am formism with, and accept the photomatic page of the    |  |  |  | <u> </u>                                |  |                             | Fee Require  | ed                               |  |
| Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  B. The above named antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept ne obligations of registered agent, or both, in the State of Ponda. I am familier with, and accept new familier with required defined agent required by Chapter 607, Fonda Statutes, and that my name appears in Block 10 or Block 11 is changed. Our supplier or of indotes or directors of in the composition or the receiver or trusted ent. Accept agent required by Chapter 607, Fonda Statutes, and that my name appears in Block 10 or Block 11 is chan   |  | 6. Name and Address of Current   | Registered Agent   | Name                                    | 7. Name and  | Address of New R            | Registered Agent                                   |                                  |  |
| City FL Zip Code  8. The above named entity submits 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 accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of registered agent, or both, in the State of Florida. I am familiar with, and accept one of the purpose of change agent age   | ZHENG, S                                       | HERRY Z  |  |   |  |                             |  |                                  |  |
| City FL Zip Code  8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of the ponda agent agen   | 3307 W UNIVERSITY AVE                          |  |  | Street A                                | Street Address (P.O. Box Number is Not Acceptable) |                             |  |                                  |  |
| B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the property of the State of Ronda. I am familiar with, and accept the property of Ronda. I am familiar with, and accept the property of Rondard Ro   | GAINESVI                                       | LLE, FL 32607  |  |   | <del></del>  |                             |  |                                  |  |
| B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, and accept the property of the State of Ronda. I am familiar with, and accept the property of Ronda. I am familiar with, and accept the property of Rondard Ro   |  |  |  | City                                    |  |                             | Tip Cod  |                                  |  |
| In accordance with s. 607. 193(2)(b), F.S., the corporation did not receive the prior notice.    FILE NOW!!! FEE IS \$300.00   |  |  |  | City                                    |  |                             | FL Zip Coc   |                                  |  |
| FILE NOW!!! FEE IS \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOW!!! 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/CHARGES TO OFFICERS AND DIRECTORS INT.  ITTLE  WAME  ZHENG, SHERRY Z  3307 W UNIVERSITY AVE  GITY-ST-2P  GAINESVILLE, FL 32607  INT.   |  |  | or the purpose of changing its re                                      | egistered office or                     | registered agent, or bo                            | th, in the State of Flo     | orida. I am familiar with                          | , and accept                     |  |
| FILE NOW!!! 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 IN 11  THE MAKE  ZHENG, SHERRY Z  ZHENG, SHER  | IIIa ooligali                                  | ions of registered agent   |  |   |  |                             |  |                                  |  |
| FILE NOW!!! 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 IN 11  ZHENG, SHERRY Z  3307 W UNIVERSITY AVE  GITY-ST-2P  MAKE SIREEL ADDRESS CITY-ST-2P  ADDRESS CITY-ST-2P  ADDRESS CITY-ST-2P  Delete  INT.E  MAKE SIREEL ADDRESS CITY-ST-2P  INT.E  Change Addition Additi  | SIGNATURE_                                     |  | /NOTE:   | B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |  |                             |  |                                  |  |
| Corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE THENG, SHERRY Z SIREF ADDRESS S   |  | Signature typed or briting name of registered agent                                | and bite if applicable. (NOTE:   | Registered Agent signs                  | sture required when reinstating                    | '<br><del></del>            | DATE   |                                  |  |
| Corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE THENG, SHERRY Z 307 W UNIVERSITY AVE GAINESVILLE, FL 32607  THE MAKE SIREE ADDRESS DIV-S1-ZP  THE MAKE SI   |  |  |  |   |  | In accordance v             | with s. 607.193(2)(b).                             | F.S., the                        |  |
| TITLE NAME:  JENGS. SHERRY Z  3307 W UNIVERSITY AVE GIN-S1-2IP  GAINESVILLE, FL 32607  Delete  ITTLE MAKE SIREET ADDRESS CITY-S1-2IP  Change Addition MAKE SIREET ADDRESS CITY-S1-2IP  Cha   | FII  | LE NOW!!! FEE IS \$300.00  |  |   |  |                             |  |                                  |  |
| TITLE NAME:  JENGS. SHERRY Z  3307 W UNIVERSITY AVE GIN-S1-2IP  GAINESVILLE, FL 32607  Delete  ITTLE MAKE SIREET ADDRESS CITY-S1-2IP  Change Addition MAKE SIREET ADDRESS CITY-S1-2IP  Cha   | 10.  | OFFICERS AND   | DIRECTORS  | 11,                                     | ADDITIONS  | L<br>/CHANGES TO OFF        | FICERS AND DIRECTOR                                | RS IN 11                         |  |
| MANE SIREET ADDRESS CITY-ST-2IP  INTE MANE SIREET ADDRESS CITY-ST-2IP    | TITLE  | <del></del>  |  |   |  |                             |  |                                  |  |
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| MANE MANE MANE MANE MANE MANE MANE MANE  | STREET ADDRESS                                 |  |  |   | 120 WINN   | or one                      |  | •                                |  |
| NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME   Delete   TITLE   NAME   NA   |  | GAINESVILLE, FL 32607  |  |   | DAYTONA  | BEALH, I                    |  |                                  |  |
| SIREET ADDRESS CITY-S1-2IP    Delete   |  |  | ☐ Delete   |   |  |                             | Change   | ∐ Addilio                        |  |
| CITY-ST-ZIP  CITY-   |  |  |  | •                                       |  |                             |  |                                  |  |
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| CITY-S1-ZIP  CITY-   | NAME   |  | C Desicte  |   |  |                             | _ Silvings   |                                  |  |
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| NAME STREET ADDRESS CITY-ST-ZIP    Delete   THE  | CITY-ST-ZIP                                    |  |  | CHY-ST-ZIP                              |  |                             |  |                                  |  |
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| THILE  NAME  STREET ADDRESS  CHY-S1-ZIP  THUE  Delete  THUE  NAME  STREET ADDRESS  CHY-S1-ZIP  Delete  THUE  NAME  STREET ADDRESS  CHY-S1-ZIP  THUE  NAME  STREET ADDRESS  CHY-S1-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 director of the corporation or the receiver or trustee emp-wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  | NAME   |  |  | B .                                     | ,  | 40008i                      | 681203   | 4                                |  |
| TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 director of the corporation or the receiver or trustee emp-wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   |  |  |  | E .                                     | 01.  | /31/07010                   | 037007 **  | 300.00                           |  |
| NAME STREET ADDRESS CITY-S1-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  12. I 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 director of the corporation or the receiver or trustee emp-wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   |  |  |  | <del></del>                             |  |                             |  |                                  |  |
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| STREET ADDRESS CITY-ST-ZIP  12. I 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 director of the corporation or the receiver or trustee emp- wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  | TITLE  |  | ☐ Delete   | THILE                                   |  |                             | Change   | Additio                          |  |
| 12. I 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 director of the corporation or the receiver or trustee emp- wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  | NAME   |  |  |   |  |                             |  |                                  |  |
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| 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 director of the corporation or the receiver or frustee emp- wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   |  | <u> </u>   |  | ┸                                       | l  |                             |  |                                  |  |
| of the corporation or the receiver or trustee emp-wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  | <ol><li>12. I hereby a<br/>indicated</li></ol> | certify that the information supplied wit<br>on this report or supplemental report | h this filing does not qualify for<br>is true and accurate and that me | the exemptions o                        | contained in Chapter 11                            | 9, Florida Statutes, I      | further certify that the path; that I am an office | information<br>er or director    |  |
| SIGNATURE: X   | of the cor                                     | rporation or the receiver or trustee emp   | wered to execute this report a   | s required by Cha                       | apter 607, Florida Statut                          | es; and that my nam         | ne appears in Block 10 o                           | or Block 11 if                   |  |
|  |  | or on an attachment with an address.   | with all other like amanuared  |   |  |                             | • •  |                                  |  |
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|  |  | , or on an attachment with an address.   | with all other like empowered.   |   |  |                             | ,,   |                                  |  |

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