## PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name  TALLATIASSEE, FL  TODBESSOB917  2. Principal Office Acdress - No P.O. Box #	, 22, (32, 1, 2, 1,	-	3
SECRETARY OF STATE TALLAHASSEE, FL  7003883508917 03/11/22-01005-002 +1535,00  2. Principal Office Andress I NO P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P. O. Box #  2. Principal Office Andress I No P.	是 1. 为是 1	Secretary of State	1
Principal Office Address - No P.O. Box # 3. Mailing Office Address    Solte, Apt. F. etc.    To Discussion of Solter    Solter Address of Current Registered Agent    Solter Apt. Etc.    Coy  The Solter    Solter Apt. Etc.    Coy  The Solter    Solter Apt. Etc.    Solter Apt. Etc.    Coy  The Solter    Solter Apt. Etc.    Solter Apt. Etc.    Coy  The Solter    Sol	DOCUMENT # P05000163  1. Corporation Name	025	
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Suize, Apt. #, etc.  Suize, Apt. #, etc.  Suize, Apt. #, etc.  Suize, Apt. #, etc.  1. Date incorporated or Qualified To De Bourness in Flights  1. ACKSDDUILLE, FL.  2. Size  1. ACKSDDUILLE, FL.  2. Suize  2. Suize  3. PEL Nymber  7. Name and Address of Current Registered Agent  Name  7. Name and Address of Current Registered Agent  Name  8. Street Address of Current Registered Agent  Name  8. Lee's appointed the registered agent profile above spherid composition, and hamiliar-with and accept the obligations of section 607 0505 or 617 0503, F. S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  2. 23. 7. To Suize  Registered Agent Profile above spherid composition comporations must list at least 3 circutures)  Signature of Officer and/or Director Circums and for Directors  Tides  1. Accused the Composition of Signature Composition Comporation of Signature Composition Comporation Comporation Comporation Directors  1. Accused the Composition Composition Comporation Composition Composi	2. Principal Office Address - No P.O. Box #	3 Mailing Office Adgress	00/11/22-91005002 **1535.00
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The State Country	Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Country  Alp  Country  Country  Alp  Country	City & State	City & State	12/14/2005
3. I. Deiny appointed the registered agent prince above nymbol corector (Florida nonprofit corporations must fist at least 3 directors)  Tubes  Other and Address:  Tubes  Other and Officer and/or Directors  Other and/or Directors  Other and/or Directors  Tubes  Other and/or Directors  Other an	JAX. FL	JACKSONVILLE. FL	Applied For
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  City  City  REGISTERED AGENT MUST SIGN  Name of Citicors and/or Directors  Name of Citicors and/or Directors  Name of Citicors and/or Directors  PASC Sq. Base Sq.	32205 Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
Street Acquess (P.O. Box Number is Not Acceptable)  Sulle, Apt. #, Etc  City  State  Sulle, Apt. #, Etc  City  State  Sta		of Current Registered Agent	
Suite. Apt. #, Elec  City State   Zip Code   FL   S Z J J J    3. I. being appointed the registered agent or the above named corol ation, am hamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of   Registered Agent   REGISTERED AGENT MUST SIGN    9. Name of   Officers and/or Directors   Street Address of Each Officer and/or Directors    Titles   Officers and/or Directors   Officer and/or Director    PASC   See   Address of Each Officer and/or Directors    WEINSTATEMENT    CL 2011 - 2022    E-mail Address:   BASE   143 BASE   140 BAVA   Company    To be used for future annual report notification    Totally that I am an officer or director or the receiver or strustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Histoper certify that when filing this reinstatement application in chapter 607 or 617, F.S. Histoper certify that when filing this reinstatement application in chapter 607 or 617, F.S. Histoper certify that when filing this reinstatement application in chapter 607 or 617, F.S. Histoper certify that when filing this	Name HASel Safav		
State   Zip Code	Street Address (P.O. Box Number is Not Acceptable		
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3. I. being appointed the registered agent or the above named corolation, am lamiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director (City / State / 2:p)  PASC Sq. Fax HOLBOVN + STAX, FL., S2217  HEINSTATEMENT  C. 2011 - 2022  E-mail Address: The above named corolation and accept the obligations of section 607.0505 or 617.0503, F.S. Hurtler certly that when filing this creinstatement application. The cases of the receiver or trustee empowered the execute in this application as provided for in chapter 607 or 617, F.S. Hurtler certly that when filing this creinstatement application.	SPCKSON UI'I		
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 Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PRSCI Sq fax S32 HOLBOVD TAX, FL, S2217  **EINSTATEMEN**  CL 2011 - 2022  E-mail Address: To be used for future annual report notification  I certify that I am an officer or director or the receiver or trustee empowered to execute this application as previded for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasonal-error trustee empowered to execute this application as previded for in chapter 607 or 617, F.S. I further certify that when filing this			bligations of section 607.0505 or 617.0503, F.S.
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Titles  Name of Officer and/or Directors  Officer and/or Director  PRSCI Sq fav S832 HoLBOVD + TAX, FL, S2217  **EINSTATEMENT**  CG 2011 - 2022  E-mail Address: BASE 143 EMAIL COM  1 certify that I am an officer or director or the receiver or trustee empowered to execute this application, the reason-for retarding that seen eliminates the corrocate name actificing to provide the receiver of 17. F.S. Hutther certify that when filing this reinstatement application, the reason-for retarding that seen eliminates the corrocate name actificing to a provided to the corrocate name actificing to the corrocate name actificing to the corrocate name actificing to the corrocate name actification of the corrocate name actification as provided to the corrocate name actification of the corrocate name actification as provided to the corrocate name actification actification as provided to the corrocate name actification actificatio	<del></del>		ast 3 directors)
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if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817, 155, F.S.	owed by the corporation have been part. I further if made under oath. I am aware that false informat	That been eliminated, the corporate name satisfies the re	equirements of section 607.0401 or 617.0401, F.S., and that all fees and accurate, and my signature shall have the same legal effect as institutes a third degree felony as provided for in s.817, 155, F.S.
	SIGNATURE:	** KUO (C-1 /	- 1 7 10 11/2

SIGNATURE: