PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country Zip Country US S8.75 Additional Fee		RPORATI				DEPART Secretary	of S					PH 2:41	
2. Principal Office Address - No P.O. Box # 2910 SW BOXWOOD CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State PORT ST. LUCIE, FL Zp 34953 US 7. Name and Address of Currant Registered Agent Name JAMES J. O'HEARN Suite, Apt. #, etc. The reinstatement fee is imposed, exceptional and requesting the reinstatement fee be waived. Suite, Apt. #, etc. The reinstatement fee is imposed, exceptional and requesting the reinstatement fee be waived. Suite, Apt. #, etc. The reinstatement fee is imposed, exceptional and requesting the reinstatement fee be waived. Suite, Apt. #, Etc. City State / Epc. Suite, Apt. #, etc. The reinstatement fee is imposed, exceptional and requesting the reinstatement fee be waived. Suite, Apt. #, Etc. City State / Epc. Suite, Apt. #, etc. Suite, Apt. #, etc. The reinstatement fee is imposed, exceptional and requesting the reinstatement fee be waived. Suite, Apt. #, Etc. City State / Epc. Suite, Apt. #, etc. Provided for incidence of the above named corporation, an familiar with and accept the deligations of section 607.0505 or 617.0503. F.S. Superture of Registered Agent Must stign P. Names and Street Addresses of Each Offician and/or Director (Fiorida nonprofit corporations must list at least 3 directors) P. NESTOR CAMACHO 2910 SW BOXWOOD CIRCLE PORT ST. LUCIE, FL 34953 10. Loenly 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 the complete of the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify that when the complete for or chapter 607 or 617, F.S. I further certify t			*# F	P060000	08344					TALLA	MASSEE,	FLORIDA	
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