PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2023 OCT -5 PM 2: 09
DOCUMENT # AMAR	A Tork, PA	SEURLIMER OF STATE TALLAHASSEE.FL
P060000	33339	50041691145; 10/05/2301025027 **300.00
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 2/30 St UZA ST	20 20 FA 300 (jj
Suile, Apt #, etc.	Suite, Apr. #, etc.	CR2E081 (11/10) 4. Date Incorporated or Qualified
City & State	City & State	5. FEI Number Applied For
34480 abountry JA	34480 Country S/A	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Foo required for a Certificate of Status
7. Name and Address of	Current Registered Agent	In the state of th
Name 13/1/21/20 1/0/K		
Street Address (P.O. Box Number is Not Acceptable)		FINSTATEMENT
Suite, Apt. #, Etc		THE TOTAL TOTAL
City Olala Fi	20)22-2027	
8. I, being appointed the registered agent of the above named corporation, am familiar 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 (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and for Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Tahlam York 2130 SEUZEUST Olala, Fl341/80		
		OCT 5 2023
		M. WILLIAMS
10 Employed the state of the st		
10. E-mail Address: fal Main (6) Sell Old a real state, com		
11. I ceruly 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. Hurther ceruly that when fling 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., and that all fees owed by the corporation have been position.		
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.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28-23/35) 804/2/60
Date Daytime Phone #

SIGNATURE: