## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Composition Name   Composition	CORPORATION ANNUAL REPORT	Secreta	RTMENT OF STATE ary of State corporations		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
### State   Procedure   Process   Procedure   Procedur	DOCUMENT # PO6/40/265			10 MAY -4 AM 8: 15		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address Box Office Box Of	1. Corporation Name					
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address Box Office Box Of	intehell range corp.					
Suite, Apt #, etc    Suite, Apt #, etc   Suite	<b>y</b>			200180277202 05/04/1001048014 **150,00		
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.					Ř.	
City & State		Suite Apt # etc		ł	CR2E081 (4/10)	
City & State  POMPHO BOACH  Zip Country 2:p Country 2:	odite, Apr. W. Clo.	Apr. #, etc. Suite, Apr. #, etc				
Part Country	City & State	City & State	<del></del>	ļ	2006	
33060 USA  CERTIFICATE OF STATUS DESIRED   \$315 Additional Fee require of Status DESIRED   \$100 Additional Fee require for a Contributor of Status DESIRED   \$100 Additional Fee require of Status DESIRED   \$100 Additional Fee require of Status DESIRED   \$100 Additional Fee require of Status PROFIT CORPORATIONS ONLY  The \$500.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  State Zip Code  FL 3300a  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.  Signature of Registered Agent LL B. MILLUL B. REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Tribes Officers and/or Directors Officer and/or Director Officer and/or Director Di	Paripapo Beach					
Name    Street Address (P.O. Box Number is Not Acceptable)				6. SETTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required		
Streat Address (P.O. Box Number is Not Acceptable)  Streat Address of Each Officer and is not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  Streat Address of Each Officer and is not provided in the second 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 Streat Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors  Officer and/or Director City / State / Zip  PT Land D. Mitchell Community of the Community	7. Name and Address of Current Registered Agent			PROFIT CORPORATIONS ONLY		
Street Address (P.O. Box Number is Not Acceptable)  On 17 Street Address (P.O. Box Number is Not Acceptable)  Surie, Apt. #, Etc.  On 17 Street Address (P.O. Box Number is Not Acceptable)  On 17 Street Address (P.O. Box Number is Not Acceptable)  On 17 Street Address (P.O. Box Number is Not Acceptable)  FL 33000  8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent P. N. Address of Each Officer and/or Director (Piorida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Officers and/or Dir	Name 13. Mitch				☐ The \$600.00 reinstatement fee is imposed,	
Suite, Apt. #, Etc.  City Porporato Beach FL 33000  8. 1, 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 Begistered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director Officers and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Trides  Name of Officers and/or Directors  Name of Officers an	Street Address (P.O. Box Number is Not Acceptable			not receive the prior notices. By checking this box, you are certifying the prior		
City PONDANA Beach FL 3306  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 Beach REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Officers and/or Directors  Sirect Address of Each Officer and/or Directors  City / State / Zip  PT  ABB. Natural Components  Officer and/or Directors  Officer and/or Directors  Titles  Officers and/or Directors  Titles  Officers and/or Directors  Officers and/or Directors  Topponents  The Abbull Components  The Topponents  The T		reet				
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.  Signature of Registered Agent B. Matchael 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 City / State / Ztp  PT Lau B. Matchael Good No. 17 St. Ponpar FL 33060  NPS Touch No. 17 St. Fongar FL 33060  10. E-mail Address:						
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 Street Address of Each Officer and/or Director Officer and	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
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Titles Officers and/or Directors Officer and/or Director Park Park Park Park Park Park Park Par	Registered Agent L.C. D., I VULCAGU			Date 4 29 10		
Officers and/or Directors  Officer and/or Director  Officer and/or Director  Officer and/or Director  Officer and/or Director  Para B. Mtrhell 600 nw 17 St. Para B.	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
10. E-mail Address: A MCCCASVS OF ADVA. Concern (To be used for future annual report notification)  11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 697 or 017, F.S. I further certify that when filling 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under posth					City / State / Zıp	
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SIGNATURE: B. Mitchell 4/29/10 (754) 3/06-06-9/6 SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR DATE OF DAT	SIGNATURE: SIGNATURE AND	TYPED OR PRINTED NAME	OPSIGNING OFFICER OR DIRECT	tenell or	4 29/10 (75A) 3/06-06 4/0 Daytime Privine #	