PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION TATEMENT	Şe	DEPARTMENT OF STORY OF CORPOR	taté	ΤE		-6 PM 1:45	
DOCUMENT # P04 000129 537 1. Corporation Name					-	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
人,	LL HAUL	149 900	140	0336	0	Parit		
460	office Address - No P.O. Box # 6 RIVER GEM 1	``	Sture				CR2E081 (12/08)	
Suite. Apt. #,	€1 0.	Suite, Apt. #. s	rc. P /				prated or Qualified hess in Florida 10 - 10 - 2006	
City & State		City & State	, ,	<u> </u>	<u> </u>	5. FEI Number	Applied For	
WILLD Zip	EXMERE FL 347	Zip	Coun	try		<u> 20-</u>		
3478	6 ORAGE	1				CERTIFICATE	OF STATUS DESIRED (\$3.75) Additional Few telephone for a Constitucio of Status	
7. Name and Address of Current Registered Agent								
Name					instatement fee is imposed, except in stances which the entity did not receive			
Street Address (P.O. Box Number Is Not Acceptable)						the prior notices. By checking this box, you are certifying the prior notices were not		
Suite, Apt. #, Etc.						received and requesting the reinstatement fee be waived.		
CHY WINDERMERE FL 34786						150 00	TOITOG.	
	appointed the registered agent of the at	oove atmed corpor	stion, am familiar	with and socep	t the obli	gations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date 1- 12 -0 9	
9. Names:	and Street Addresses of Each Officer s	nd/or Director (Flo	rida nonprofit corp	orations must i	ist at les	st 3 directore)		1
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zlp	
PRES	FAZIL KAD	IR	4686	RIVER	GE	in to	WINDERMERE FLBUTS	6
·		01 A 1			01/14	09-01042-028 **900.00		
	REINSTA	ATEN	IENT	3 7 3	04			
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10. I certify 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.) 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 and the names of individuels listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and/my signature shall have the same legal effect as if made under oath.								
SIGNA.	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF		OR DIRECTOR	40	IR	1-12-09 Dete Deytime Phone #	
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