## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTME Secretary of 1 DIVISION OF CORPO	State	13 FEB 20 AHII: 04 SECRETARY OF STATE FALLAHASSEE FLORIDA
1. Corporation Name Kathy Warl  2. Principal Office Address - No P.O. Box #  3220 Aprilache Pkwy.  Suite, Apt. #, etc.  City & State  Tallahussee Country	3. Mailing Office Address 804 granted Suite, Apt. #, etc. City & State	4	CR2E081 (11/10)  Date Incorporated or Qualified To Do Business in Florida フー(ら~200 ら FEI Number Applied For
32311 USA	Zip Cour	15- <b>A</b>	71 - 3 199941   Not Applicable  CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status
Name  Name  804  Sirce Address (P.O. Box Number is Not Acceptable)  Suite, Apt #, Etc.  City  State  Zip Code  FL  323  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the orange of Registered Agent			900244897279 02/20/1301004020 **1208.75 ations of section 607.0505 or 617.0503, F.S.
	REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer a  Name of Officers and/or Director		Street Address of Each Officer and/or Director	City / State / Zip
P "Tung Ly	404 6	preculcat Dr	Tallahossa, FL 3250A
			S. HAWKES FEB - 2013
			EXAMINER
10. E-mail Address: Tung Ly650 (a) yanoo.com (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 607 or 617, F.S. I further certify that when filting 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 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 eath. 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:  SIGNATURE:  Daytime Priphorum  Daytime Priphorum  Daytime Priphorum			