PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM.

10. E-mail Address: (To be used for future annual report notification)	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	THLED 10 Jun - 4 M 1: 38	
2. Prencipal Office Address 3 14 15 15 15 15 15 15 15	1. Corporation Name	0008152	PECHETARY OF SPANS	
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & City & State City & State City & State City & City & City & State	Principal Office Address - No P.O. Box #	WI-24924 3. Mailing Office Address	300181142613 05/20/1001028010 **300.00	
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Coy & State An An F An F An An F An An F An An An An An An An	Suite, Apt #, etc.	Suite, Apt #, etc		
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Stoped Address of Dox Number is Not Acceptable) 8. Stoped Address of Dox Number is Not Acceptable) 8. Stoped Address of Dox Number is Not Acceptable) 8. It being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 507.0505 or 617.0503, F.S. 8. Signature of Registered Agent 8. Registered Agent Addresses of Each Officer and/or Directors 8. Name of Officers and/or Directors 9. Names and Street Addresses of Each Officer and/or Directors 10. E-mail Address; 10. E-mail Address; 10. E-mail Address; 10. Long that I am an officer or director or trustsee empowered to execute this application as provided for in chapter 507 or 517, F.S. I further cortly that when filing this reinstatement applicant on the york payabil further certify, that I man an officer or director or trustsee empowered to execute this application is true and accurate, and my signature is said further certify, that I man an officer or director or trustsee empowered to execute this application is true and accurate, and my signature is said further certify, that I man an officer or director or trustsee empowered to execute this application is true and accurate, and my signature is said further certify, that I man are under careful to the same legal effect as a final current careful the same legal effect as a final current careful the same legal effect as a final current careful and accurate, and my signature is said the same legal effect as a final current careful the same legal effect as a final current careful the same legal effect as a final current careful the same legal effect as a final current careful the same legal effect as a final current careful the same legal effect as a final current careful that the same legal effect as a final current careful that the careful that the careful that the careful that the careful that th	MIAMI FL	MIAMI FL	5. FSI Number Арріней For 20 - 82 77 0 7 9 Not Applicable	
Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each Officer and/or Directors Street Address of Each	33142 USA	33/42 USA	CENTIFICATE OF STATUS DESIDED 30.73 Additional Fee legisles	
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/or Directors Name of Officer and/or Director Officer and/or Director Officer and/or Director Name of Officer and/or Director O	Name HAUL RARCIA Street Address (P.O. Box Number is Not Acceptable 31 4 5 W W 38 S Suite, Apt. #, Etc.		The \$600.00 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	
Titles Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Directo	Signature of Registered Agent Date 5/15/10			
Officers and/or Directors Officer and/or Director Officer and/or Dire				
10. E-mail Address: [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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 907,0401 or 617,0401, F.S., that all tees owed by the corporation has 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 oath SIGNATURE: Care Care	Officers and/or Directors	Officer and/or Director	City / State / Zip	
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