

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

FILED

09 OCT 21 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300161980683  
10/21/09--01028--004 \*\*\*300.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

31,912007

**5. FEI Number**

Applied For  
Not Applicable

6.

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

The 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.

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 A**

Date 10/20/09

~~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	Street Address of Each Officer and/or Director	City / State / Zip
D	David McMillon	630 NW 15th Ave.	Pompano Beach #3 33069
			7.10.21

**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. I further certify that when filing 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 individuals 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.

**SIGNATURE**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/09

954-461-4820  
Daytime Phone #