

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -6 PM 3:55

1. Entity Name

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Code
32750

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11.

TITLE	
NAME	500145146605
STREET ADDRESS	09/06/09--01027--005 **150.00
CITY-ST-ZIP	

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(407) 617-4444
Daytime Phone #

2/27/09 (407) 617-4972