PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINST	PRATION ATEMENT		DI	A DEPAR Secretai	ry of S		ΤE		15 NOV 12	M 9: () 9 1
1. Corporation I		1400001966 REDI		RVIC	CES	S, IN(ر ا				
Principal Offi 5127 IS. Suite, Apt. #, etc.	3. Mailing Office Address 5217 ISABELLA DRIVE Suite, Apt. #, etc.				- - CR2E081 (11/10)						
City & State	City & State				4. Date Incorporated or Qualified To Do Business in Flonda 03/03/2014 5. FEI Number Applied For						
33418	ACH GARD	ENS, FL	33418	<u> </u>	Countr	у	-	46-49965 6. CERTIFICA	595 TE OF STATUS DESIRED		Not Applicable Intional Fee required entificate of Status
7. Name and Address of Current Registered Agent Name VICTOR MELILLO Street Address (P.O. Box Number is Not Acceptable) 5127 ISABELLA DRIVE Suite, Apt. #, Etc. City PALM BEACH GARDENS FL 33418								YES 3.00279096069 1171271501041003 **758.75			
	inted the registered a		named corp)		the ob	ligations of sec	Date	0/15	
9. Names and		ach Officer and ame of d/or Directors	/or Director (FI	orida nonpro	Str	rations must list eet Address of I licer and/or Dire	Each	st 3 directors)	Cit	ty / State / Zip	
D	VICTOR		LO_	5127				DRIVE	PALM BEACH	GARDEN	IS, FL 33418
★ PLEA	SE REMOVE DIAN	A MELILLO AS	DIRECTOR								
	RE	NST	ATE	ME	N'	Г			0V 1 2 2015 R. HUNT		
11 Certify that I a	application, the reason	or or the receive	r or trustee en has been elim	powered to inated, the co	execute orporate	name satisfies t	as pro	ovided for in cha quirements of se	pter 607 or 617, F.S. I furths ection 607.0401 or 617.0 d my signature shall hav	1401, F.S., and	that all fees
	oath. I am aware that		n submitted in :	a document l	to the De	partment of Sta	te con		degree felony as provide	ed for in \$.817. 732-735-0	155, F.S.