PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	FLORIDA DEPARTMENT OF STATE	FILEU	
CORPORATION	Katherine Harris	00 OCT -6 PM 4: 33	
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		
102000		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P93000)() () To	MLLAI (FOOLL)	
1. Corporation Name FEWOX COWSTW	sa mana fana a a a a a a a a a a a a a a a a	1	
revox www.	nion co, FAL	1	
2. Principal Office Address	3. Mailing Office Address	-1	
4006 BAY Villa	SOME		Oan
Suite, Apt. #, etc.	Suite, Apt. #, etc.	LINDIALEMENT	FIN
<u></u>		Date Incorporated or Qualified To Do Business in Florida	
City & State	City & State	5. FEI Number	Applied For
Zip Country	Zip Country	· · · · · · · · · · · · · · · · · · ·	lot Applicable
33611 05	, Soundy	CERTIFICATE OF STATUS DESIRED \$8.75 Addition for a Certificate	
The second secon	7. Name and Address of Current Registe	الواقع الموافي والموافي والموافي والموافية	T
Name			
Street Address (P.O. Box Number is Not Acceptable)			
4834 semaltorio oco c/o 4066 BAY VIII9			
Suite, Apt. #, Etc.		•	·
City Table Table	e Tanpa	State Zip Code 336	
8. I, being appointed the registered agent of the about	ve named corporation, am familiar with and accept the	obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Date 10/6/50			
REGISTERED AGENT MUST SIGN			
	d/or Director (Florida nonprofit corporations must list at l		
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Direct		
P ROBERT D. FEW	OX 40 400 6 Bay Ville	a TAINPA A 33	611
			ir
·		200003418032- -10/09/00010040	1 035
		****917.50 *****96)8.75
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 filling			
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 under section 119.07(3)(i), 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.			
$\mathcal{L}(\mathcal{L})$			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			