PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

© CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 SEP 21 AM 8: 24		
DOCUMENT # P9 30000 40171 1. Corporation Name				SEGRETARY OF STATE TALLAHASSEE, FLORIDA		
GTN	COK	ep.				·
2. Principal Office Address 7501 W. Oakland. PK. L			/// //		ATEMENT	00-0
Suite, Apt. #, etc. 20/		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State Lauderhill Zip Coun		City & State	Country	5. FEI Number 65-0	- S8.75 A	Applied For Not Applicable
333/9 4	1.S.A.	7 Name and	Address of Current Registe			Certificate of Status
Street Address (P	CE ra O. Box Number is No SD 2	ot Acceptable) Description of Acceptable Race Hy	Dunne, quet Clu		State Zip Code 34990 -	23:9
8. I, being appointed the register Signature of Registered Agent	1111 K	ve named corporation, am Control GISTERED AGENT MUS		obligations of section (a lack	00
9. Names and Street Addresse	es of Each Officer and	t/or Director (Florida nonpr	rofit corporations must list at I		<u> </u>	
Titles Office	Name of Street Address of E Officers and/or Directors Officer and/or Directors				City / State / Z	ip
"/s/T (seral	d M Di	unne #	20	600	1	C333/9 D60 2018 *1243.75
10. I certify that I am an officer	or director or the recei	iver or trustee empowered	to execute this application as	provided for in chapte		y that when filing
owed by the corporation has	ve been paid and the	names of individuals listed	on this form do not qualify fo	r an exemption under s	section 119.07(3)(i), F.S. The inf	ormation indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: