APPLICATION FOR Sand B. Mathres Sand B. Mathre	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM				
DOCUMENT # P93000068601 Corporation Name	FOR	Sandra B. Mortham Secretary of State		* APPROVED AND FILED	
Corporation Name				96 DEC 12 PM 12: 00	
Principal Place of Business 83 95 NE Z N A AVE Mi A Mi FLA 33 138 If above addresses are necroticul any way, line through necroticul individuals and artic correction below. A Data incorporated of Guidified To Do Business and Principal Office Acidess. If Applicable Address are necroticul any way, line through necroticul individuals and artic correction below. Such Apil # 2 New Principal Office Acidess. If Applicable 3 New Making Acidesses, If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Business and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acidesses. If Applicable To Do Businesses and Principal Office Acides Acides and Principal Office Acides	1 Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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7. Names and Street Addresses of Each Officer and/or Director (Florida norprofit corporations must list at least 3 directors) Name of Officers Sure Address of Each Officer and/or Directors Sure Address of Each Officer Box Numbers) REA	·		ý	6.	
Tiels 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors) 4 City / State / Zp TIRAL R. Eliassaint 900 N = 895 t MIAMIR 33/38 TINA Perre 14731NW10ct MIAMIR 33/18 REINSTATEMENT 940 6. Name and Address of Current Registered Agent 9. Name and Address of Now Registered Agent 10/10/10/10/10/10/10/10/10/10/10/10/10/1				ast 3 directors)	
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MIAMICO 33136 City State Zip Code 10 1. brying appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date /2 - /2 . 96 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, F.S. I further corlify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all less ewed by the corporation/paye begin paid. The information indicated on this application is true and accurate, and my signature shall have the game legal effect as if made to see the process of the receiver of the receiver or the receiver or this application is true and accurate, and my signature shall have the game legal effect as if made					
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