PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 79400020757

1. Corporation Name

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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					***1050.00 ***105	U.UU
2. Principal Office Address 8520/VW 53Rb CouRF Suite, Apt. #, etc.		3. Mailing Office Address 8590 NW 53/lb CovR/ Suite, Apt. #, etc.		REINSTATEMENT 08 to		
LAUDERHILL, FLORIDA		LAUDEN	CHILL, FLORIDA	5. FEI Numbe	 - - 	lied For Applicable
Zip 333	Country USA	Zip 3335/	Country LiSA	6.	TE OF STATUS DESIRED S8.75 Additional F	ee required
		7. Na	ame and Address of Current Reg	istered Agent		
	Name // Groros Street Address (P.O. Box Number is	Not Acceptable)	PLEY	,		
	Suite, Apt. #, Etc.	53 RD 6	Couper			,
	City LAUDERHI	V-C			State Zip Code FL 33351	
8. I, being	appointed the registered agent of	Sve named corpor	ation, am familiar with and accept t	he obligations of secti	tion 607.0505 or 617.0503, F.S.	
Signature o Registered		MM EGISTERED AGE	ENT MUST SIGN		Date 06/13/00	
9. Names	and Street Addresses of Each Officer a	nd/or Director (Flor	ida nonprofit corporations must list	at least 3 directors)		
Titles	Name of Officers and/or Director	rs	Street Address of Officer and/or Dir		City / State / Zip	
P.D.S.T	H. GEORGE SAND	KEY	8570 KW 53RD	Course	LAUDERHIL, FL. 3.	3357
-						
			have the spiller of t		L3	
						,
this rei owed b	nstatement application, the reason for di-	ssolution has been e names of individu	eliminated, the corporate name sati lals listed on this form do not qualify re the same legal effect as if made	isfies the requirement of for an exemption und under oath.	napter 607 or 617, F.S. I further certify that who is of section 607.0401 or 617.0401, F.S., that der section 119.07(3)(i), F.S. The information is	all fees
SĮGNA		PRINTED NAME OF S	H. GRANGE LAIL	100	6/13/00 (954) 744- Date Daytime Phone #	0449