PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		FLORIDA DEPART Katherin Secretary DIVISION OF CO	Harris of State	TATE	
1. Corporat	ion Name	P940000 NTAL COO	71454 LING, INC			OI APR 23 AM II: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 6862 Tamarind Cir P.D BOX Suite, Apt. #, etc. Suite, Apt. #, etc.				618245	R	EINSTATEMENT 4. Date Incorporated or Qualified
ity & State Ov (a	Count	,	City & State Orlando Zip 32841	F1 Country U.S.A	-	To Do Business in Florida 94 SEP T Z-8 5. FEI Number 59 - 3292433 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
	Name R/C Street Address (P. 68 Suite, Apt. #, Etc.	Gray Jr	200041641927 -05/03/01-01006-018 ***1350.00 ***1350.00 State Zip Code FL 3 28/9			
ignature of egistered Agent REGISTERED AGENT MUST S				/2	ept the obl	Date 4//6/0/
Names and Street Addresses of Each Officer and/or Director (Florida nonprofitiles Name of Officers and/or Directors				Corporations must list at least 3 directors) Street Address of Each Officer and/or Director City / State / Zip		
Pres A	Sichard A	Guay Sv	6862	Tamarinel	Gr	Orlando F1 32819
						LS.
					``	2000041641927 -05/09/0101006019 ******8.75 ******8.75
this reins	tatement application	, the reason for disso	lution has been eliminated, t	e corporate name	satisfies th	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees a exemption under section 119.07(3)(i), F.S. The information indicated