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SECRET  
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**DO NOT WRITE IN THIS SPACE**

05142005 No Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE Norman J. [Signature] 6-15-05  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORAN, THOMAS L 7512 DR. PHILLIPS BLVD., 50-520 4 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE: Thomas L. Nunn 6-15-08 407-340-3885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number