PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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City & State Cape Cond, FL. Country 3 3 9 0 4 Country 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address of Each City Cape Cond Street Address of Each City Cape Cond Street Address of Each Officer and/or Director (Fibrida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Fibrida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director Officer and/or Director In Intrinse certify that when filing this reinstatement application, the reason for director individuals there is no individuals there is the requirements of a acction 607 6001 or 117 0401, F. S., that all fees owed by the contradictor have been individuals that of this form do not do not this form do not t	2. Principal Office Address 36145554004, Suite, Apt. #, etc.	3614 SE 5+2 Cour		
7. Name and Address of Current Registered Agent Name	CapeCoral, Fl.	Case Coral FL Zip Country	5. FEI Number Applied For Not Applicable 6. CEPTIFICATE OF STATUS DESIDED TO \$8.75 Additional Fee required	
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REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director Cape Coral, Fl. 33904 10. 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 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: X	Street Address (P.O. Box Number is 1 3 (a) 1 SE 3 Suite, Apt. #, Etc.	5+ C+.	61.25-AR 88.75-ARSUPP State Zip Code 33904	
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