PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COI	PORATION
REIN	STATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

950000 15182

1. Corporation Name

FILED 00 SEP -7 PH 12: 21

SECRETARY OF STATE TALLAHASSEE FLORIDA

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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 filling this reinstalement 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 lees 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. **E **The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **E **The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **E **The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **E **The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **E **The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **E **The information indicated on this application is true and accurate.** **The information indicated on this application is true and accurate.** **The information indicated on this application is true and accurate.** **The information indicated on this application is true and accurate.** **The information indicated on this application is true and accurate.** **The information indicated on this application is true and accurate.** **The information indicated on this application is application in the information indicated on this application is application in the information indicated on this application is application in th		Name of		Street Address of Each		City / Str	ate / Zip
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