• · · · PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.	• •						
APPLICATION FLORIDA DEPARTMENT OF STATE					٠						
FOR	Sandra B. Mor Secretary of S		į.	A A A A A A A A A A A A A A A A A A A							
REINSTATEMENT	DIVISION OF CORPO		r.	nes first first							
DOCUMENT # p95000042195 1. Corporation Name			97 JUL 11 MM 10: 52								
Switch Company International			SECRETARY OF STATE TALLAHASSEE FLORIDA								
Principal Place of Business Mailing Address											
1625 TIMOCUAN WAY	Same	RF	INST	TEMENT							
If above addresses are incorrect in any way, line thro	auch incorrect information and enter				96-97 M						
New Principal Office Address, If Applicable			Date Incorporated or Qualified		70.700						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5/95		I was a Fa						
City & State LONG WOOD FL	City & State		5933		Applied For Not Applicable						
32750 Country S.	Zip Countr	у	6. CERTIFICATE		itional Fee required dificate of Status						
Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	ations must list at leas	st 3 directors)		<u> </u>						
Title(s) Name of Officers and/or Directors	l Of	eet Address of Each ficer and/or Director se Post Office Box No	umbers)	City / State / Zip)						
Parala Alada a da a a a					_						
President Nader KhesRo	1625 lin	nocuan Wa	y#121	Longwood, FL	32750						
Secr. Patricia Byron	J 1625 Ti	nocuan W	av H121	Longwood ,FL	32750						
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			4000022381343 -07/15/9701036007		343						
				****915.00 **	**915.00						
8. Name and Address of Current Ro	egistered Agent	Name	9. Name and A	ddress of New Registered Agent							
1 大学			State Zip Code								
						10. I, being appointed the registered agent of the above	e gamed corporation, am familiar wi	Long W	DOD	FL 25	วีรถ
						Signature of Registered Agent X Palmul 1	ana	and decept the con	iganons of Sectio	5/201	01
REG	SISTERED AGENT MUST SIGN			Date	91						
 Does this corporation pay ar Dept. of Revenue under S. 1 	ny intangible tax to th 99.032, Florida Stati	e utes. Yes [] No [X	(See other side for info on intangible tax							
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the had on this application is true and accurate, and my sign.	ition has been eliminated, the corpol mes of individuals listed on this forn	rate name satisfies th n do not qualify for an	e requirements of	dispetion 607 0404 Ar 647 0404 E.C.	that all tana						
SIGNATURE: SIGNATURE AND TYPED OR PRINT	Nader Nader Nader Nader OF SIGNING OFFICER OR D	Kheskova	<u> </u>	/ 97 407 830 Daylime Pho	0036						