PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal Office Address 4.11 Andrews Ave. 3. Mailing Office Address 4.11 Andrews Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Delray Beach, FL Delray Beach 7. Name and Address of Current Registered Agent Name Jack Finn State Address FO, Box Number is Not Acceptable) 4.11 Andrews Ave. Suita, Apt. #, Elic Delray Beach FL Suita Agt. #, Elic Delray Beach FL Suita Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors) Tides Officers and/or Director Officer and/or Director Delray Beach, FL Suita Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors) Tides Officers and/or Director Officer and/or Director Delray Beach, FL Suita Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors) Tides Officers and/or Director Officer and/or Director Officer and/or Director Delray Beach, FL 33483 10. Locally that I am an efficer or director or the receiver or fusion 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 corporation name satisfies the requirements of section 607,0401 or 617,0401, F.S. that all fees own the application is to an and acception in the names of Individuals listed on this form do not qualify for an exemption under section 118,07(3)(), F.S. The information inclinates on the application is to an and acception the three three three three beneform of an exemption under section 118,07(3)(), F.S. The information inclinates on the application is the and acception the three	DOCU	RPORATI STATEM JMENT ation Name de Associa	ENT - #	·	000		Secretary VISION OF C	TMENT OF STAT y of State orporations	E		FII 05 MAY SECRETA TALLAHAS			
Country Zip Country Zip Gountry Sign Country Sate Signature of Registered Agent Sate Zip Code Zip C	411 And Suite, Apt. #	drews Ave).			411 And Suite, Apt. #	rews Ave		4. Date Inco To Do Bu	porated or siness in F er	Qualified	1 ,	<i>35</i>	
7. Name and Address of Current Registered Agent Name Jack Finn	Zip	,	Country	,		Zip			6.		US DESIRED 🗍			
Name Jack Finn Street Address (P.O. Box Number is Not Acceptable) 411 Andrews Ave. Suite, Apt. #, Etc. City Delray Beach 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent 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 Officer and/or Director Officer and/or Dire	33703		00/1				Name and A					for a Cert	ficate of Status	
Titles Name of Officers and/or Directors Officer and/or Director Delray Beach, FL 33483 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 filling 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 oved 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)(0), F.S. The information indicated	Signature o	411 And Suite, Apt. City Delray E	irews #, Etc. Beach	Ave.	the abo	ve named corp	poration, am t		the obligations of sec	FL tion 607.05	33483 605 or 617.0503,	F.S.	CR2F081 10 1/105)	
Pres Jack Finn 411 Andrews Ave. Delray Beach, FL 33483 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 filling 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	9. Names	and Street Ac	idresses	of Each Off	ficer and	1/or Director (F	lorida nonpro	ofit corporations must lis	t at least 3 directors)	T				
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SIGNATURE: Jack Finn, President 04/26/2005 561-886-3085 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA.		GNATUR	E AND TYPE	D OR PR	INTED NAME O			04/2		56			