PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # P96000007012				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 MAR -8 AN H: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1. Corporat			690000)70 1 2					TAI	LAHA	ANT A	FLON	DA	
2. Principal Office Address 10329 Lightner Bridge Dr					3. Mailing Office Address 10329 Lightner Bridge Dr									
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorp				-4000-	
City & State Tampa FL				City & State Tampa FL				5. FEI Number 650638029 Applied Fo						
zір 33626	Country USA			Zip 33626		Country		6. CERTIFICATE				Additional I	Fee required	
· Ne					7. N	ame and A	ddress of Cu	ırrent Register	ed Agent					_
	Name Daniel Aven													
	Streat Address (P.O. Box Number is Not Acceptable) 10329 Lightner Bridge Dr								700030128727 03/09/0401067002_**10 0.00					
Suite, Apt. #, Etc.					·				- Conta	Zip C	ode -		~ " ~	
	Tampa					_				State FL	3362			
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													CR2E081 (01/04	
9. Names	and Street Ad	ddresses	of Each C	fficer and	d/or Director (Fig	rida nonpro	fit corporation	ns must list at le	east 3 directors)	•				
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director			City / State / Zip					
Р	Daniel Aven					10329	Lightner Bridge Dr		Tampa / FL / 33626					
				····							•			
									72 57-04					
			· · · · · · · · · · · · · · · · · · ·		- **- ·		F. B.		E Comment					
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 on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #														