PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PROCOSSAGE TO CONTROL TO CONT	REINSTATEMENT	DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS	O3 MAR	ILED 10 AMIO:50		
## PROPOSITION AND CONTROL CON		TATEAN AGUSE. FLOMBA				
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Signature of City State Zip Country	City & State City & State					
7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address of	Zin Country Zin Country		(25 - 0/25 71/70)			
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