PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # P960003	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 07 MAR 29 PM 2: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Suite, Apt. #, etc. Suite, Apt. #, 1+0+ west 1+0+ City & State City & State Back ration. H. Back Zip Country	flice Address M. CAERNBLVD. etc. WENT Country	4. Date Incorporated or Qualified To Do Business in Florida 4. Fel Number 4. Applied For Not Applicable 6.
7. Name and Address of Current Registered Agent Name Largey Chunnot Street Address (P.O. Box Number is Not Acceptable) 2121 m. coem Counce Suite, Apt. #, Etc. HAH City Back Retain State Zip Code FL 33431		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 REGISTRED AGENT MUST SIGN Date MACH 14 2007		
9. Names and Street Addresses of Each Officer and/or Director (Flo	orida nonprofit corporations must list at lea	
Pres. January Collwart		NO INAM BOXE SELEN HZAZI
	<u>,</u>	0 1404W BOOK ROOK # 33431 0 1404W BOOK 850W # 33431
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 filing 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 contained in Chapter 119, 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.		
SIGNATURE JOHN SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptime Phone #		