## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	DIVI	DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS			FILED N 26 PM 2		
DOCUMENT # P9600 1. Corporation Name  Rue  Agus Thurn  Rue				SECF TALLA	etary of S Hassee, Flo	DRIDA.	
2. Principal Office Address  2. Office Address  M. K. Staite, Apt. #, etc.  City & State  Substitute Address  City & State	Suite, Apt. #,	? 3 <del>35-14</del>	4. Date Incorp. To Do Busi 5. FEI Numbe	oorated or oness in Flo	Qualified rida		ied For
32574 Country	Zíp	Country	6. CERTIFICATE	OF STATU	S DESIRED	.75 Additional F for a Certificate	ee required of Status
Street Address (P.O. Box Number Suite, Apt. #, Etc.  City  City  Signature of Registered Agent  M.	3! P.	Arnell	obligations of section	State FL on 607.050	Zip Code 3 25 5 or 617.0503, F.S	33 36,2	CR2E061 (9/00)
9. Names and Street Addresses of Each Office	r and/or Director (Flo	orida nonprofit corporations must list at le	east 3 directors)			**************************************	
Titles Name of Officers and/or Direct	Name of Street Address of Eac Officers and/or Directors Officer and/or Director				City / Sta	ate / Zip	<u>د</u> ( ا
P Durbara Gr	null	P.O. Bux 761	7(	000	04446 6/26/01—( **1358.00	5587- 01103-00 ***1350	3 31 0.00
10. I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and	dissolution has been the names of individ	n eliminated, the corporate name satisfie luals listed on this form do not qualify for ave the same legal effect as if made under	s the requirements an exemption under er oath.	of section er section	607.0401 or 617.0	)401, F.S., that a The information in	III fees

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR