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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF ECOPPORATIONS  PREINSTATEMENT  P96000045955 COPPORATION HAVE  THESELV OF FLORIDA, Inc.  PREINSTATEMENT BOOTS Address 88 FRUENICH FALM BIVAL  P179 W. C.		PLEA	SE READ F	ALL INST	COCTIONO DEI	<u> </u>	· · · · · ·					
Corporation Name  THESELV OF FIORIDA, Inc.  Service of Inc.  Service o				S	ecretary of State	retary of State						
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Swit 300    Swit 300   A Date Incorporated Cupilled That   30   1996	88 FRO	enlich Fax	m Blod	1451 W. CYPRESS Creek KO			01/16/0401065003 **1350.00					
Size   Address   Each Officer and or Director   Each Officer and or Each Officer   Each Officer and or Each Officer   Each Of	Suite, Apt. #,	etc.					4. Date Incorporated or Qualified					
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State   Stat	Woodbury NY			FT. Landerdale FI								
Name CT Copporation System  Street Address (P.O. Box Number is Not Acceptable)  1900 South Vine Island Read  Suite, Apt. #, Etc.  City Plantation  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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Titles Officers and/or Directors Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  2. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Titles Officers and/or Directors Officer and/or Director City / State / Zip  10. Loerlly 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 Juli or 617, Juli of, F.S., The information indicated on this application is true and according, and my signature shall have the same legal effect as if made under oath.  10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application is true and according, and my signature shall have the same legal effect as if made under oath.	Zip	Coun	try	zip 333		Rd	6. CERTIFICATE	OF STATUS	S DESIRED S8.75 / for a	Additional Fee ( Certificate of S	required Status	
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