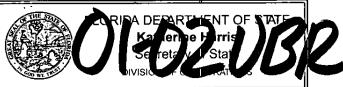
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1. Corporation Name

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING 在門裏便可能

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Suite, Apt. #, Etc.



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

P96000097641 Florida Commercial Exchange Inc DOCUMENT #

2. Principal Office Address 3. Mailing Office Address 4039 Kilmantin Dr. Same Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State Not Applicable 9375 Additional Respective CERTIFICATE OF STATUS DESIRED CONTROL OF THE PROPERTY OF THE 7. Name and Address of Current Registered Agent k. mc Anory Street Address (P.O. Box Number is Not Acceptable) Kilventin Ur.

	City Tullahassee		State FL	Zip Code 32369	
8. I, being a	appointed the registered agent of the above named c	orporation, am familiar with and accept the obligations of s	ection 607.0	505 or 617.0503, F.S	
Signature of Registered A	Agent / Larby / C/V	ASENT MUST SIGN	Date	3/13/02	
9. Names	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations must list at least 3 directors	;)		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pras.	DAvis McQuan	4039 tilsacoris Da	Ha	Phohesse-71.3	? <u>23</u> 0
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10. I certify that I am an office nor 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 |ave 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 oath.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

State Zip Code