*	PLEA CATION OR ATEMEN		FLORIDA	RUC I IONS A DEPARTMEN Katherine Ha Secretary of S VISION OF CORPOR	NT OF STATE I rris State	OMPLET	NG THIS FORM.	.EU	
DOCUMENT # 1970000 14234						CASSION OF CORPORATIONS			
1 Corporation I	Name			y, INC.			99 SEP 23	AM 11: 18	
Principal Proce of Business 460 Cyphiess Creek Circle 460 Cyphiess Cree Oldsmar, Fl. 34677 Oldsmar, Fl.					34677	F BECKE	STATEMENT.	98.99	
If above addresses are incorrect in any way, line through incorrect information and enter New Principal Office Address, If Applicable 3 New Mailing Office Address, I						Date Incorp. To Do Busin	orated or Qualified ness in Florida 9 /15/67		
Suite, Apt. #, etc.			Suite. Apt #, etc.			5. FEI Number Applied For			
City & State		City & State			59-	339-2372	Not Applicable		
Zip	Count	ry	Ζip	Country	у	_		Stional Fee required ertificate of Status	
Title(s) 2	Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors (C) RCGORY K. FOSTE			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			h r City / State / Zıp		
	8 Name and 8	ddress of Current I	Registered Age	nt			10005:55 -10/05/990111 ****900.00 **	3023 **900.00	
Larricons K Faster								(12/98)	
Mo cypriss creek concle. oldsand Fl. 3467					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
Signature of Registered Agei	nt J	K. 40	GISTERED AG	oration, am familiar w	ith and accept the of	bligations of Secti			
		n [/] owes the onal Proper			Yes	□ No 🗵	(See other side for i on intangible		
this reinstate owed by the	ement application corporation have cation is true and	, the reason for disso been paid and the di accurate, and my sig	flution has been names of individ gnature shall ha	eliminated the coros	orate name satisfies rm do not qualify for fect as if made under	the requirements an exemption un roath.	apter 607 or 617, F.S. I further certify is of section 607,0401 or 617,0401, F der section 119,07(3)(i), F.S. The ini	S., that all fees formation indicated	
SIGNATOR	CHENATIO	E AND TYPED OR PRI	NTED NAME OF	SIGNING OFFICER OF	DIRECTOR		Date Daytime	Phone #	