	;				_		10.
PLEASE READ	ALL INSTRUCTI	ONS BEFORE C	OMPLETI	NG TH	IIS FOR	TAI!	1
GORPORATION CONTRACTOR OF THE PARTY OF THE P	ELORIDA DUPART Katherin Secretary	MENT OF STATE Harri M		FILE	ED)		V
	DIVISION OF CO	LA JONE	01 M#	\Y -9	PM 1: 29	3	
DOCUMENT # 4970	000152	19	Segri Taleta	LTARYI HASSE	OF/STATE E/FL'ORID	Ā	
P.O. Box 9595	by of Br	1 County inc	î				
PAN AMA CIL 2. Principal Office Address	3. Mailing Office Addres	2 32417	2	000	10433 05/30/01 ****300.	3427 01052	22 2-003 **300.00
3104 Thomas Prz. Suite, Apt. #, etc.	Suite, Apt. #, etc.	1595		·	***************************************		
City & State Panyma City Boh	City & State Pan pan a	2 of Beach	4. Date Incorp To Do Busin 5. FEI Number	ness in Flor	ida 2	13/19	Applied For Not Applicable
Zip Country 32407 BAT	32417	Country	6. CERTIFICATE			\$8.75 Addition for a Certification	nal Fee required cate of Status
	7. Name and Ac	dress of Current Register	ed Agent				
Name IKE DUCE							
	mes DR	<u></u>					
Suite, Apt. #, Etc.						•	
City Panana (Vita, F	_		State FL	Zip Code 3241	7	
8. I, being appointed the registered agent of the abo	ve named corpolation, am fa	niliar with and accept the ot	oligations of sectio	n 607.0505	or 617.0503, I	F.S.	
Signature of Registered Agent	GISTERED AGENT MUST	IGN		Date _	05-0	9-01	
9. Names and Street Addresses of Each Officer and	and the control of th	Company of the control of the contro	ast 3 directors)	ar relativ	<u> 20.40</u>	er se no	
Titles Name of Officers and/or Directors	Name of				City / S	State / Zip	
P Ite Duran	122	Ledgen 1	-MLes	Pane	ma Ci	ity 1	Beach Po
V Alisa Dure	122	Ledgen	-pales Lakes	PA	n pmn	C.6	Beel,
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						5P	Section 20
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been eliminated, names of individuals listed or	ne corporate name satisfies this form do not qualify for a	the requirements an exemption unde	of section 6	i07.0401 or 611	7.0401, F.S., i	that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFI		09-61	Date		32 - 09 9 Daytime Phone	

Per Bluenaria Realty Bas The

Dem Sie:

I Dio Not Receive My 2000
Annual Report Because I
move D. New Address is
3104 Thomas Ir., Panam City
Beach, FL 3207 But I would

Prefer to undizz my P.O. Box

which is: P.O. Box 9595,

Panama City Feach, FL 32417

Thanks.

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