425 FLONT ST. Suite, Apt. #, Etc. City State Zip Code FL O. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607 0505. E.S.	DI EACE DEAF	ALL INCTERIOR				
REINSTATEMENT REINSTATEMENT Secretary of State OVISION OF CORPORATIONS OZ NOV 14 PM 1: 54 OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA FINING FINING FINING FINING FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA FINING FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA FILED FILED OZ NOV 14 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA SECRETARY OF STATE TALLAHASSEE, FLO	APPLICATION	FLORIDA DE LA COMPANIO	NS BEFORE	COMPLETING THIS FORM.		
REINSTATEMENT DOCUMENT # P970000 2/062 1. Coffering https:// Committee in the committee i	5/t 17 →			E/ '}		
DOCUMENT # P970000 2106.7 CONTO OF KEY WEST / NE. HISTORY STATE CONTO OF KEY WEST / NE. HISTORY STATE FININGIA PRICE OF STATE FININGIA PRICE						
DOCUMENT # P970000 2/062 1. CONTROLLED THE P970000 2/062 1. CONTROLLED THE P970000 2/062 C. A. OF Key West IVEST IVE. H35 FRENT ST WASHINGTON THE 33040 Thirdeal Place of Buckless H35 FRENT ST Key West, Ft 33040 The Brough incored information and order correction server To Buckless are informed in any way, time Brough incored information and order correction server To No Buckless are informed in any way, time Brough incored information and order correction server To No Buckless are informed in any way, time Brough incored information and order correction server To No Buckless are informed in any way, time Brough incored information and order correction server To No Buckless are informed in any way, time Brough incored information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and order correction server To No Buckless are information and and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address of New Registered Agent No Buckless are information and address are information and address of New Re	THE FINE LATERAL CONTROL STREET			FILED		
C.D. of Key West / Ve. Has Flaur 37 Principal Place of Guidenss Mailing Address Reywest, Fit 33040 Keywest, Fit 33040 Learn Registered and enter correction below 2. Now Principal Office Address, if Applicable 3 New Mailing Office Address, if Applicable 5 Fit Number 2. Now Principal Office Address, if Applicable 5 New Address Coy & State 2. Now Principal Office Address, of Country Country Country Country 2. No Principal Office Address Coy & State Coy & State 2. No Principal Office Address Coy & State Coy & State 2. No Principal Office Address Coy & State 2. No Principal Offi						
C.D. of Key West / Ve. Has Flaur 37 Principal Place of Guidenss Mailing Address Reywest, Fit 33040 Keywest, Fit 33040 Learn Registered and enter correction below 2. Now Principal Office Address, if Applicable 3 New Mailing Office Address, if Applicable 5 Fit Number 2. Now Principal Office Address, if Applicable 5 New Address Coy & State 2. Now Principal Office Address, of Country Country Country Country 2. No Principal Office Address Coy & State Coy & State 2. No Principal Office Address Coy & State Coy & State 2. No Principal Office Address Coy & State 2. No Principal Offi	DOCUMENT # \$97000021062			02 NOV 14 PM 1:54		
Hypotenes From St. Hypers From						
Principal Pisco of Bulletias PC 33040 Making Address Hash Flaws ST Kuyurust, Fu 33040 Name and Address are incorrect in any way, line through incorrect information and enter correction below. 2. Near Principal Office Address, in Applicable Suite, Agt. et al. 2. Near Principal Office Address, in Applicable Suite, Agt. et al. 2. Near Principal Office Address, in Applicable Suite, Agt. et al. 2. Near Principal Office Address, in Applicable Suite, Agt. et al. 2. Near Principal Office Address, in Applicable Suite, Agt. et al. 2. Near Principal Office Address in Principal Office Address, it Applicable Suite, Agt. et al. 2. Near Principal Office Address in Pri	C. A. OF KEY WEST INE.			TALLAR ACCOUNT		
#35 FROM ST. Key Lives F. F. 33040 Washing Office Address. If Applicable 1. New Principal Office Address. If Applicable 2. New Principal Office Address. If Applicable 3. New Making Office Address. If Applicable 4. Duble incorporated or Custom of Country 5. FEI Number Control City & State City & State City & State Country	435 FRONT ST.			MELANASSEE, FLORIDA		
#35 FROM ST. Key Lives F. F. 33040 Washing Office Address. If Applicable 1. New Principal Office Address. If Applicable 2. New Principal Office Address. If Applicable 3. New Making Office Address. If Applicable 4. Duble incorporated or Custom of Country 5. FEI Number Control City & State City & State City & State Country	Principal Place of Business			VI.	Ì	
Superior	1/- 7			- A- an about	±	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malifroy Office Address, if Applicable 3. New Malifroy Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business an Florida \$1.07/97\$ Suite, Apr. #, etc. City & State Country Count						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malifroy Office Address, if Applicable 3. New Malifroy Office Address, if Applicable 4. Date Incorporated or Qualified To Do Business an Florida \$1.07/97\$ Suite, Apr. #, etc. City & State Country Count	KeyWest, Fl 33040	Keylwest, Fl 33040 Key West, Fl 33040			n	
3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 5. New Registered Agent 5. FEI Number 5. FEI	,			MEMBOIA ENSENT OU ~C		
3. New Mailing Office Address. If Applicable 3. New Mailing Office Address. If Applicable 5. New Registered Agent 5. FEI Number 5. FEI	If above addresses are incorrect in any way, line th	rough incorrect information and e	nter correction below			
Suite, Apt. #, etc. Suite, Apt. #, etc.	New Principal Office Address, If Applicable New Mailing Office Address, If Applicable			Date Incorporated or Qualified		
City & State Cry & State Cry & Cry & St	Suite, Apt. #, etc.	uite, Apt. #, etc. Suite Apt. # etc		To Do Business in Florida		
Zip Country Zip Country Zip Country Zip Country Sign Coun			5. FEI Number			
Zip Country	City & State		/a/ -//723/2/) 			
7. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2	Country Zip Country		6. S9.75 Auto:			
Tale(s) 2 And/or Directors 3 (Do NOT Use Post Office and/or Director) 3 (Do NOT Use Post Office and/or Director) 4 City / State / Zip Res Clasus Rodelgo az Has Flant ST Key West, Radens Street Address of Each Office and/or Director 11/14/0201083023 ##1050.00 8. Name and Address of Current Registered Agent Name Name Arevos Rodelgo ez Has Flant ST. Street Address (P.O. Box Number is Not Acceptable) Suite. Apr. 4. Etc. City Suite. Apr. 4. Etc. City Recustreed Agent Address of Section 607 0505, F.S. Recustreed Agent	7 N	1	,	for a Cortificate of	required Status	
A City / State / Zip Res Carus Rod Rigo & Carrent Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Reg		/or Director (Florida nonprofit cor	porations must list at lea	st 3 directors)		
Res Created Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) Suite. Apt. 6. Etc. City Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Gepstered Agent Agent Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of Section 607 0505, F.S. Suite. Apt. 6. Etc. City Street Address of New Registered Agent Name Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Name Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Name Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Name Street Address of New Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Name Street Address of New Reg	Title(s) and/or Directors		Officer and/or Director			
8. Name and Address of Current Registered Agent 11/14/1201089023 **1050.00 11/14/1201089023 **1050.00 8. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc. City Suite. Apt. #, Etc. City FL AGE STERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. 2. Leertly 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 centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise medical receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise medical receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise receiver or trustee empowered to execute this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	3 (Do NOT Use Post Office Box I		tumbers) 4 City / State / Zip			
8. Name and Address of Current Registered Agent 11/14/1201089023 **1050.00 11/14/1201089023 **1050.00 8. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc. City Suite. Apt. #, Etc. City FL AGE STERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. 2. Leertly 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 centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise medical receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise medical receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centry that when filing owed by the corporation have been paid and the names of Individuals listed on this form do not qualify for an exercise receiver or trustee empowered to execute this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	Per Carias Padeignes 42- Fer -					
8. Name and Address of Current Registered Agent CARLOS RORI 190 EZ HAS FRONT ST. KRY WEST, FL 3304D OI. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No Section 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 flees on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	THE COME NOTE OF	- 1783 T		KEYWEST, FL 3304	O	
8. Name and Address of Current Registered Agent ABLIOS FORT ST. Suite, Apt. #, Etc. City State Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL Agginature of legistered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) C.I certify 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 owed by the corporation have 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.						
8. Name and Address of Current Registered Agent ABLIOS FORT ST. Suite, Apt. #, Etc. City State Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL Agginature of legistered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) C.I certify 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 owed by the corporation have 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.						
8. Name and Address of Current Registered Agent ABLIOS FORT ST. Suite, Apt. #, Etc. City State Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL Agginature of legistered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) C.I certify 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 owed by the corporation have 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.						
8. Name and Address of Current Registered Agent ABLIOS FORT ST. Suite, Apt. #, Etc. City State Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL Agginature of legistered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) C.I certify 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 owed by the corporation have 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.				700-10 and 100		
8. Name and Address of Current Registered Agent ABLIOS FORT ST. Suite, Apt. #, Etc. City State Agent Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Tip Code FL Agginature of legistered Agent Agent Agent Of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) C.I certify 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 owed by the corporation have 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.		N3		11/14/0201099022 **10co oo		
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				11111 VE 01000 DEO **1000.00	i	
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			(IA)	(10/19)		
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 filling 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	R Name and Address of Course P				ĺ	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State City Date MEGISTERED AGENT MUST SIGN 1. This corporation owes the current year Intangible Personal Property Tax due June 30. See other side for information on intangible tax.) City State State Zip Code State FL State Zip Code State FL State FL State FL State State FL State State FL State FL State FL State State FL State State FL State State FL State		egistered Agent	Namo	9. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City City State Zip Code City Date Intangible Personal Property Tax due June 30. I certify 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 filling owed by the corporation have 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.	CARLOS RODRIGUEZ			· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, Etc. City State FL O. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Integritation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) (See other side for information on intangible tax.) 1. Certify 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 owed by the corporation have 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.				D. Box Number is Not Acceptable)		
City City City State FL Zip Code FL Zip Code FL State FL Zip Code FL City						
O. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Intangible Personal Property Tax due June 30. I certify 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 owed by the corporation have 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.	KEY WEST, TI 3304					
1. This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 owed by the corporation have 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.	,		- I			
1. This corporation owes the current year Intangible Personal Property Tax due June 30. 2. I certify 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 owed by the corporation have 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.	10. I, being appointed the registered agent of the above	e named corporation, am familiar	with and accept the oblid	Pations of Section 607 0505 5 C		
1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) 2. I certify 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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401 or 617.0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Signature of	11/11/	,			
1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) 2. I certify 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 owed by the corporation have 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.	REG	ISTERED AGENT MUST SIGN		Date	}	
Intangible Personal Property Tax due June 30. Yes No No No No No intangible tax.) 2. I certify 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 owed by the corporation have 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.						
2. I certify 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 607.0401 or 617.0401, F.S., that all fees on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Internation Decreased Decreased To the same of See other side for information					
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	mangiole reisonal Property	rax due June 30.	Yes L	J No M on intangible tax.)		
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	12. I certify that I am an officer or director or the received	r or trustee empowered to execute	this application as prov	ided for in all and good	-	
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	owed by the corporation have been paid and the names of individuals listed on this form.					
	on this application is true and accurate, and my signa	ature shall have the same legal ef	ini up not qualify for an i fect as if made under oa	exemption under section 119.07(3)(i), F.S. The information indicate.	ited	
IGNATURE: CALL MALLY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARLOS FOODROST PROCESSOR DAYS DOWN Phone #						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daylime Phone #	SIGNATURE COLD MILE	15/0/		, .		
CARLOS FOORIGIET PROCEDENT Date Daytime Phone #	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OF	DIDEOVOE	11/ /02		
	CARLOS ROO	RIGIET PODE	OIRECTOR	Dale Daytime Phone #	-	