LL INSTRUCTIONS BEFOR APPLICATION FLORIDA DEPARTMENT OF STATE **Katherine Harris FOR** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS**

FILED

00 JAN 3 PM 2: 36

SECRETARY OF STATE

P97000027314 DOCUMENT

Corporation Name

| MMAi | A RHO CORPORATION | REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida 58-2379978 6. CERTIFICATE OF STATUS DESIRED 1 | | | | | | |
|--|--|--|--|---|---------------------|--|-----------------|-------------------------------------|
| rincipal Place of Business 903 S CONGRESS AVE TE 100 OYNTON BCH FL 33426 S If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable 31 S.E5th St. Suite uite, Apt. #, etc. Suite 100 ity & State Boca Raton, FL ip Country U.S. | | | | | | Mailing Address P O BOX 3687 BOYNTON BCH FL 33424 US Pugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 31 S.E. SH. St. Suite, Apt. #, etc. City & State DOCA Ration Zip Zip Country | | |
| | and Street Addresses of Each Officer and | /or Director (Florida | nonprofit cort | porations must list at lea | ast 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| Đ | TRIMMIER; CHARLES S-III | 14 | 1903 S CONGRESS AVE STE 100 | | | BOYNTON BOH FL 33426 | | |
| D | TRIMMIER, C S | | 1903 & CONGRESS AVE, STE 100 31 S.E. St. St., Suite 100 | | | BOYNTON BCH FL 33426 BOCG RATUN, FL 3343 | | |
| | | | | | | -01/12/00 ****750.0 | 01002 | 004 *750.00 |
| ······ | C. Nows and Address of Correct | Besistered Agent | a Name an | | | d Address of New Registered Agent | | |
| 1903 STE 10 BOYN | g appointed the registered agent of the ab | | ion, am familia | Suite, Apt. #, Etc. | CS SITURDED | rimmer is No. Acceptable) | -Jr. | Code 3432 |
| ignature c tegistered | Agent R | EGISTERED AGEN | | | | Date | 13/9 | 19 |
| 1. I certify | that I am an officer or director or the rece | iver or trustee empo | wered to exec | cute this application as personate name satisfies | provided for in cha | apter 607 or 617, F.S. I of section 607 0401 or | further certify | that when filing S that all fees |

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 individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 福建、西德尼亚克尔克克。

required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR