	_	PLEA	SE READ	ALL INST	OMPLET	ING TH	IS FORI	M.	Ť			
	RPORATI ISTATEM) {	Katheri Secretar	TMENT OF S The Harris Ty of State CORPORATIONS	TATE		00	FILE!	D M 10: 3	3
1. Corpora	UMENT	•	97000	V 18	Olel				SECRE TAULA	TARY OF	F STATE FLORID	<u>-</u> A
10	ord o	& C	other	5, IH	· C ·		:					
2. Principal Office Address 3. Mailing O						ss						M.
1771	Man	ate	e Ave W	1771 M	anate	e Ave. W		DENIC	TAT	EME		41
Suite, Apt.	#, etc.			Suite, Apt. #,	etc.	•		4. Date Incom				1-1
City & State		,		City & State					ness in Florid	a May	15,19	
314	enton	E	/	Brade	en tor	γ , $F/$	·	5. FEI Numbe	756.	534		Applied For Not Applicat
34	205	Country	SA.	3420	ت ک	Country U.SA		6. CERTIFICATE	OF STATUS	ESIRED 🗌		tional Fee requ tificate of Statu
	7. Name and Address of Current Registered Agent											
	5	Tohn W. Adams reet Address (P.O. Box Number is Not Acceptable) 5 10 7775 STreet wite, Apt. #, Etc.										
<u></u>	City H	olm	es Beau	ch				·		Zip Code 3421'	7	
B. I, being Signature o Registered	of. 1	registere L	Ale	ve named corpo . EGISTERED AG		amiliar with and acc	ept the ob	ligations of section		or 617.0503, 1		۵
9. Names	and Street Ad	dresses	of Each Officer and	d/or Director (Flo	orida nonpro	ofit corporations mus	st list at lea	st 3 directors)				
Titles		Officer	Name of s and/or Directors			Street Addres Officer and/o	s of Each or Director	1	`	City / S	State / Zip	
P/Z	John	1 11	2. Adam	NS	510	770,51	<u></u>		Holu	ies Bei	ach,t	-13421
5/7	John B. Cagnina				306 13rdst				Holm	es Beau	ch, Fl	3421
1	Max	Cl	eland		495	E. Dougl	las R	oud	olds	mar,	Fl. 34	4677
D	Tom	m V	Davis		1482	O McGr	ady	Road	Balu	1, F/ 3	3350	3
D	Josep	6 A	Pandolph	,	3 05	Crescer	,tD	rive	ANNO	Mari	ia F/	34217
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10. 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 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. 21 Ab6 60 941-778Paytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR