

FILED
Apr 26, 2004 8:00 am
Secretary of State

14009001



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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

~~ESPINOZA, MANUEL~~
2737 LAFAYETTE STREET
FORT MYERS, FL 33916

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SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

[illegible]

TITLE	P
NAME	CHIRINO, JUAN J
STREET ADDRESS	4197 WEST 10 AVE.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	ESPINOZA, MANUEL
STREET ADDRESS	4726 S.W. 24TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S
NAME	THOMPSON, KINGSTON
STREET ADDRESS	4835 S.W. 18TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04
Date

Date _____ Day/Time Phone # _____