PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			<del></del> _	<u> </u>	04 DEC 29	AM 10: 23
CORPORA REINSTATE	(Carried Annual Carried Annual Carri	Secreta	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		SECRETARY OF STATE FALL AHASSEE, FLORIDA	
DOCUMEN 1. Corporation Name	, , , , ,	05365 Seywor	6 Inc		STATEMEN	T 020
2. Principal Office A	_ , , , , ,	3. Mailing Office Address 58				·
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida OS/37197		
City & State  Sheat, TL		City & State		5. FEI Number Applied For Not Applicable		
7 22HE	Country	Zip IL	3H997	6. CERTIFICATE	E OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status
3	Address (P.O. Box Number is N	lot Acceptable)	behool a	we un	-2 B	
City	Palomcishy			<del>-</del>	State Zip Code SH496	
8. I, being appointed Signature of Registered Agent	d the registered agent of the abo	ove named corporation, am	familiar with and accept the	e obligations of secti	on 607.0505 or 617.0503, F.S.	CR2E081 (01/04)
9. Names and Street	et Addresses of Each Officer an	1	rofit corporations must list a Street Address of E Officer and/or Dire	ach	City / State / Zip	
Bushi	Officers and/or Directors		38558 Cardinal tr.		FPPHEUT, trauld	
				01/03	<del>1010-4-3-8-1-0-1</del> 0501046024	**1050.00
this reinstatement owed by the corp	nt application, the reason for dis- poration have been paid and the on is true and accurate, and my	solution has been eliminate names of individuals tisted	ed, the corporate name satis f on this form do not qualify me legal effect as if made u	ities the requirements for an exemption und nder oath.	apter 607 or 617, F.S. I further ce s of section 607,0401 or 617,040: der section 119.07(3)(i), F.S. The	1, F.S., that all fees information indicated