	 Pl	_EASE READ	ALL INST	RUCTI	ONS BEFORE C	OMPLETI	NG TH	IS FORM	1.		
	PLICATIC FOR STATEM	N	FLORIDA	A DEPAF Katheri Secreta	RTMENT OF STATE INE Harris IT OF State CORPORATIONS	,	SECRET	PILED ARY OF ST	TATE		
T Corpora	tion Name	# P9 70000° VESTMENT OF			Corportion			F CORPOR 31 AM II			
8 F	brt oran	outler Dr use FC 32		54	M-R	rens	TAT	MEN	1	3-05	
					dress, If Applicable	Date Incorporated or Qualified To Do Business is Florida					
Suite, Apt. #, etc. Suite, Ap				etc.		5. FEI Number	9-2	2 - 9',	<u>/</u>	Applied For	
City & State City & State				<u> </u>		- 59	338	2833	5	Not Applicable	
Zip Country			Zip		Country	6. CERTIFICATE OF STATUS DESIRED Storia Certificate of Status					
7. Names a	and Street Addres		or Director (Flo	rida nonprof	it corporations must list at lea		1				
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip				
sec	2 DIANA Smith			85	Tumbler Dr	بر بر بر سید	Port	Orange	,71	32129	
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							!				
						02/10/	DD4: 05010	16931 10007	376 **10	0.00	
								16938 52022		8.75	
						0. 11		I D ''			
8. Name and Address of Current Registered Agent					Name	9. Name and Address of New Registered Agent Name					
	DIANA	SMITH_	Street Address (P.O. Box Number	is Not Accer	itable)					
85 TUMBLER Dr BUT DRANGE FG 72129											
	ONT D	range FC	1211	9	Suite, Apt. #, Etc).					

REGISTERED AGENT MUST SIGN 11. This corporation owes the current year Intangible Personal Property Tax due June 30.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Yes No 12

(See other side for information on intangible tax.)

State Zip Code

12. 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.

City

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 386 405 2409
Daytime Phone #