PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT SCORES SCORES OF STATE KARBERTHE HITS SCORES OF STATE KARBERTHE HITS SCORES OF STATE SCORES OF STATE DOUGHOUT # P 970 000 \$5600 1. Corporation Name CommeRité Anak Weit Twe 3. Mailing Office Address 3111 FORTIVE MAY 2111 FORTIVE MAY				T ÉIRS	
REINSTATEMENT Secretary of State Division of Corporations DOCUMENT # P 97000035609 1. Corporation have Committee April West Time Signature Committee April West Time Signature 3. Mailing Office Addresses 3.111 FORTUME WAY 4. Data incorporated or Countiled 10 to Banderses in Principle 10 to Banderses in		FLORIDA DEPAR	TMENT OF STATE	FILED	
DOCUMENT # \$ 970000 \$1609 1. Comprehen have Committee Address 3. Mailing Office Address 4. Date Inscription 5. FER Number 6. On & States 6. On & States Country 7. Name and Address of Current Registered Agent Name RUMME PERFAMY 5. FER Number 6. On On Mailing Office Address 6. On Ann # Ext. City Wellingtor 7. Name and Address of Current Registered Agent RUMME PERFAMY 5. FER Number 6. On On Ann # Ext. City Wellingtor 6. In Dairy Sportned the registered agent of the address and current Registered Agent Daile 9/callou 1. Daile 9/callou 1. Daile 1/callou 1.		Secretar	y of State	00 SEP 21, AM 11: 37	
1. Corporation Name 3. Mailing Office Address 4. Dee Incorporated or Qualified 6. FEI Nymber 6. Nymber 6. Nymber 7. Name and Address of Current Registered Agent 7. Name and Street Addresses of Each Office Address 8. Name of Courty 8. Street Addresses 8. Name of Courty 8. Street Addresses 8. Name of Courty 9. Name and Street Addresses of Each Office Address 9. Name of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty of Courty Address of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty Address 10. Locally that I am an addictor or devocar or the Tapped Director (Fordal courty Address of Courty Address of Courty Address 10. Locally that I am an addictor or devocar or	O NT IN		ORPOHATIONS	SECHETARY OF STATE	
2. Percepui Office Address 3. Malling Office Address 3.11 DETUNE WAY 4. Date Incorporated or Qualified To Do Business in Florida 7. Name and Address or Current Registered Agent Name Round 7. Name and Address or Current Registered Agent Name Round 7. Name and Address or Current Registered Agent Name Round 9. Street Address (P.O. Box Number is too Acceptable) 3.11 FORTH WAY 4.1		ALLAHASSEE, FLORIDA			
2. Percepui Office Address 3. Malling Office Address 3.11 DETUNE WAY 4. Date Incorporated or Qualified To Do Business in Florida 7. Name and Address or Current Registered Agent Name Round 7. Name and Address or Current Registered Agent Name Round 7. Name and Address or Current Registered Agent Name Round 9. Street Address (P.O. Box Number is too Acceptable) 3.11 FORTH WAY 4.1	1. Corporation Name Commerce Park	(1)			
2. Principal Office Address 3111 FORTUM WAY 4. Data incorporated or Qualified TO Do Business in Florida TO Do Business To Bu	Communication ////			# # # # # # # # # # # # # # # # # # #	
2. Petrocipal Office Address 3. Mailing Office Address 4. Date incorporated or Qualified 7. Date incorporated or Qualified 7. Date incorporated or Qualified 7. Petrocopy 4. Date incorporated or Qualified 7. Date incorporated or Qualified 7. Petrocopy 4. Date incorporated or Qualified 7. Petrocopy 4. Date incorporated or Qualified 7. Petrocopy 5. FEI Number 6. Degrification of STAUS DESIRED 7. Names and Address or Courter Registered Agent 7. Names and Street Addresses of Each Qualified 7. Names and Addresses of Each Qualified 7. Names and Addresses of Each Qualified 7. Names an				-10/09/0001007015	
Soute, Ap. 1, etc. Country 13414 7. Name and Address of Current Registered Agent Name Rownet, PERTANY Street Address (P.O. Box Number is Not Acceptable) 3111. Fourth M.J. Soute, Ap. 1, etc. Soute,	2. Principal Office Address	3. Mailing Office Address	98		
Soute, Ap. 1, etc. Country 13414 7. Name and Address of Current Registered Agent Name Rownet, PERTANY Street Address (P.O. Box Number is Not Acceptable) 3111. Fourth M.J. Soute, Ap. 1, etc. Soute,			listy	I REINSTATEMENT 99-00	
City & State Wellingfor FIA Wellingfor FIA Wellingfor FIA Wellingfor FIA S. FEI Number GS-0808629 7. Name and Address of Current Registered Agent Name Rowit FERTAY Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name Rowit FERTAY Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8. I, being appointed the registered agent of the above and acceptation, an familiar with end accept the obligations of section 807 0505 or 617 0503, F.S. Street Address of Each Only Registered Agent		1		4. Date Incorporated or Qualified	
Name and Address of Current Registered Agent State	 	City & State	,		
33414 U.S.A 33414 U.S.A 6-CERTIFICATE OF STATUS DESIRED ST. 5 Additional Fire regular for a Certificate of Status 7. Name and Address of Current Registered Agent Name					
Name Name Name Perrory		· ·	l .	6. S8.75 Additional Fee requi	
Street Address (P.O. Box Number is Not Acceptable) 3111		7. Name and A	ddress of Current Register	red Agent	
Street Address (P.O. Box Number is Not Acceptable) 3111	Name ROWILL PERTNEY				
Suite. Apt. F. Etc. City Wellingrom B. I. being appointed the registered agent of the above med convention, am familiar with and accept the obligations of section 607 0505 or 617 0503, F. S. Signature of Registered Agent BERISTEBER AGENT MUST SIGN Date 9 Is You Place 4 Is You 9. Names and Street Addresses of Each Officers and/or Director (Florida nonprint corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer shalf Place Officer and/or Director Officer shalf Place	Street Address (P.O. Box Number is Not Accentable)				
8. I, being appointed the registered agent of the above and cooperation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent BERTSTEBER AGENT MUSSISION Pate 9/18/00 Pate 9/18/0	Suite Apt # Ftc				
8. I, being appointed the registered agent of the above and concentration, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Signature of Registered Agent PEGISTEREO AGENT MUST SIGN 9. Names and Street Addresses of Each Other and/or Director (Florida nonprifit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Dire	City State Zip Code				
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and of Director (Florida nonprilit corporations must list at least 3 directors) Titles Officers and of Directors Officer and of Director (Florida nonprilit corporations must list at least 3 directors) Officer and of Director Officer and of Director (City / State / Zip Officers and of Directors) Officer and of Director Director Officer and of Director (Florida nonprilit corporations must list at least 3 directors) Officer and of Director Officer and of Director (Florida nonprilit corporation and officer of City / State / Zip Officer and of Director Officer and of Director (Florida nonprilit for Individual State of City / State / Zip Officer and of Director (Florida nonprilit for Individual State of City / State / Zip Officer and of Director of City / State / Zip Officer and of Director of City / State / Zip Officer and of Director of City / State / Zip Officer and of Director of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip Officer and Officer of City / State / Zip O					
P. Names and Street Addresses of Each Officer and/or Director (Florida nonprefit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Elorida nonprefit corporations must list at least 3 directors) Officers and/or Directors Officer and/or Director City / State / Zip Of Rounce Fertingy 3111 Furture with 8-13 Wellinsfor Att 33 414 Of Steven SHAJIRU 3111 Furture with 9-18 Wellinsfor Att 37414 OT SIDNEY PERTING / JO WELL FAMILER STREET MAM PLA 371130 10. I certify that I am an officer or director or the operator or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the property of association finance of individuals listed on his 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 doe the same legal effect as if made under oath. SIGNATURE: Representation is supplicated and performed and presentation indicated on this supplication is true and accurate. After my signature shall doe the same legal effect as if made under oath. SIGNATURE: Representation is supplication.					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprefit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Director Officer a	negistered Agent				
OP ROWLE PERTNEY 3111 FURTURE WAY 8-13 Wellingson PLA 33414 OVP STEVEN SHAPIRU 150 WEST FURSER STREET 150 WEST FURSER STREET 160. I certify that I am an officer or director or the tracerer or trustee empowered to execute this application, the properties per and an originated, the corporate name satisfies the requirements of section 607.0401 r. F.S., that all fees owed by the corporation have been paid and the farmes of individuals listed on this form do not qualify for an exemption under section 119.07(3)(6), F.S. The information indicated on this application is true and accurate and suspinguistics. RONNIE PERINOY 9 18 18 18 18 19 19 19 1					
10. I certify that I am an officer or director or the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reserver for insolution 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. SIGNATURE:			Street Address of Each	City / State / 7in	
10. I certify that I am an officer or director or the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reserver for insolution 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. SIGNATURE:	OF ROMIE PERTMUY	346	FORTURE WAY	8-18 Wellinston FlA 33414	
10. I certify that I am an officer or director or the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reserver for insolution 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. SIGNATURE:	OUP STEVEN SHAPIRU	3110	funtum with	B-18 wellingrow HA 33414	
10. I certify that I am an officer or director or the reserver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reserver for insolution 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. SIGNATURE:	OT - SIDNEY - PERTM	150	WEST FLAGIER S	MAM HA 33130	
this reinstatement application, the restent for dissolution flas 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. SIGNATURE: Count Frince Given Give					
this reinstatement application, the restent for dissolution flas 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. SIGNATURE: Count Frince Given Give					
this reinstatement application, the restent for dissolution flas 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. SIGNATURE: Count Frince Given Give					
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. SIGNATURE: Count Frincy Gillow (561) 793-7852					
	this reinstatement application, the resem for essential owed by the corporation have been paid and the on this application is true and accurate and my s	olution has been eliminated, hames of individuals listed of ignature shall have the same	the corporate name satisfies in this form do not qualify for a e legal effect as if made unde	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated or oath.	
					