PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	DRATION ATEMENT	RTMENT OF STATE rine Harris ary of State CORPOBATIONS	FILED 00 DEC 26 AN 9:12					
DOCUMENT # P 98000016663								
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE FLORIDA			
JE	ERRY D. VAND	ERHOFF,	TNG,					
2. Principal Offi	ice Address	3. Mailing Office Add	Iress		,		n/n	
	I		6476 HWY. 441. S.E. Suite, Apt. #, etc.		PENSTATEMENT MU			
Suite, Apt. #, etc. Suite, Apt. #, etc.					Date Incorporated or Qualified To Do Business in Florida			
City & State				5. FEI Number			Applied For	
OKEECH	10BEE, FL	OXEFCHOBEE, FL		Not Applicable S8.75 Additional Fee required				
^{zip} 34975	4 Country USA	^{Zip} 34974		CERTIFICATE	OF STATUS DESIF	RED for a Certi	ificate of Status	
	The second of th		d Address of Current Registe		3171777	nesale i		
N	Name VANDERHOFF, JERRY D. 70003524517-7 -01/05/0101021010 *********************************							
Street Address (P.O. Box Number is Not Acceptable)								
s	6476 Hwy. 441 SE. Suite, Apt. #, Etc.							
City State Zip Code								
	OKEECHOBEE					34974	66)	
8. I, being apportunity Signature of Registered Ager		budah	m familiar with and accept the o	obligations of sectio	n 607.0505 or 6°	7.0503, F.S. /21/00	CR2E081 (9/	
		GISTERED AGENT MU	profit comprations must list at l	east 3 directors)		e vizitalismo appet en vincia como e promonente en		
Titles	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list Name of Street Address of Officers and/or Directors Officer and/or Directors			ch City / State / Zip				
DV	ANDERHOFF, JERRY D. 6476 HWY, 4		76 HWY, 44/	SE. OKECHOREE, FL 34974			34974	
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this reinsta	at I am an officer or director or the rece tement application, the reason for diss he corporation have been paid and the plication is true and accurate, and my s	names of individuals list signature shall have the	grea, the corporate name sausined on this form do not qualify fo	r an exemption und der oath.	er section 119.07	(3)(i), F.S. The inform	nation indicated (E)	
	SIGNATURE AND TYPED OR PR	NINTED WIME OF SIGNING	OFFICER OR DIRECTOR		Date	Daytime Pho	He #	