PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION NSTATEMENT		Katherin Secretary				FIL 00 MAR -8	AM 9:40	
DOCUMENT # P 98 0000 17655 1. Corporation Name					1	SIGNETARY OF STATE TAGE PHYSSEE, FLORIDA			
Je	unsten Tire + S				2.0				
• □rincin	pal Office Address	2 Mailing /	200 Addres		- REI	AST/	ATEMENT	199-U	
5714	1 Silver OAK Dr	5714	- 111 011101 0111 011			8/9/99 90002 019 \$19			
Suite, Ant.		Suite, Apt. #,	·			4. Date Incorporated or Qualified To Do Business in Florida 3 33 98			
City & State	Pierce, 71	City & State	ity & State			5. FEI Number Applied For Not Applicable			
Zip	982 Country USA	Zip 3498	35	Country	6.		US DESIDED ☐ \$8.75 A	Additional Fee required Certificate of Status	
	7. Name and Address of Current Registered Agent								
	Street Address (P.O. Box Number 5714 Silver Suite, Apt. #, Etc.	£	6:000031727864 -03/16/0001069013 *****750.00 *****780.00						
	City Ft. Pierre						Zip Code 34982		
8. I, being	g appointed the registered agent of th	he above named corpo	oration, am fa	amiliar with and accept the	obligations of se	ction 607.05			
Signature of Registered Agent Dun L Brance REGISTERED AGENT MUST SIGN						Date 3800			
9. Names	s and Street Addresses of Each Offic	cer and/or Director (Flo	orida nonprof	lit corporations must list at	least 3 directors)		Mary and Mary Control of the Control	i i i i i i i i i i i i i i i i i i i	
Titles	Name of Officers and/or Dire	rectors		Street Address of Each Officer and/or Director			City / State / Zip		
Pres	NATALE Grance	-ac0p	5714	5714 Silver OAK Or. 74. Place, 71 34782			Place, 71	34982	
Sec] Tres.	Debra L. Brand	Oisias		5714 Silver Oak Dr.			Pierce, 71	34982	
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10. 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 filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

KE

Daytime Phone #