	PLEASE REA	D ALL INST	RUCTIONS	BEFORE C	COMPLETING THIS FORM.	
AP	PERDATION	FIND		NT OF STATE arris	E	
REINCHATEMENT DIVISION OF DEVORATIONS					FILED	
DOCUMENT # P98000022444 1. Corporation Name					99 NOV 19 PM 3: 32	
•	PRIGINAL ISLAND BAY	CONCH F	RITTERS, IN	VC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					-	
2505 MANII W. Palm B	ki dr. Jeach FL 33407		2505 Maniki Dr. W. Palm Beach Fl 33407		I NAMED HE HAVE HEN ONE BOWN ONE HAVE HER HAVE HEN HAVE DEFE	
If about a	iddresses are incorrect in any way, line	a through incorrect in	oformation and enter	correction below	09/22/99 90013 020/5500	
	ricipal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified	
Suite, Apt	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number Applied For	
City & State		City & State			6. Not Applicable	
Ζιρ	Country	Zip	Count	7	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer Name of Officers		St	reet Address of Each	ph	
Title(s)	and/or Directors		Officer and/or Direct			
D FORTUNATO, ROBERT			2505 MANIKI DR.		W. PALM BEACH FL 33407	
					SP	
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent	
FORTUNATO, ROBERT 2505 MANIKI DR. Street Address (F					(P.O. Box Number is Not Acceptable)	
10. Balan Balan B				Suite, Apt. #, Etc.		
				City	State Zip Code	
10. I, being	appointed the registered agent of the	above named corpo	oration, am familia	and accept the ol	pbligations of Section 607.0505, F.S.	
Signature o Registered		REDISTERED AG	ENT MUST SIGN	lima	Date 11-15-99	
this rein owed by	statement application, the reason for o	dissolution has been the names of individ	eliminated, the corp luals listed on this fo	orate name satisfies rm do not qualify for	provided for In chapter 607 or 617, F.S. I further certify that when filing s the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated er cath.	
SIGNAT	ri i pE	What	1 For	(Line)	11,5-09	
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	Date Daylime Phone #	