	PLE	ASE READ A	ALL INSTF	RUCTIONS BEFOR	RE COM	PLETING	THIS FORM.		
	RPORATION STATEMENT		K Se	DEPARTMENT OF STA atherine Harris ecretary of State on of corporations	TE		FILED SECRETARY O VISION OF FOIL OO AUG 14 1	FSTATE PORATIONS	
DOCU 1. Corpora	J.A.B. 13809	P980001 COMMUNI HERONW RS,FL =	CATIONS 000 LAX					99- <i>0</i> 2)
	N Office Address 9 HERON WOO	00 LV				EINSTATEMENT			
	#1		Suite, Apt. #, etc. #1 -City.&-State			4. Date Incorporated or Qualified To Do Business in Florida 4/22/98			
FFMYERS, FL Zip Country 33919 LEE			FrmYERS, FL Zip Country 33919 LEE			5. FEI Number (50833354 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required			
ורככ	LE	<u>.</u>	33719	LEE	Ç.	HIPPICATE OF STA	O2 DESIRED [M	or a Certificate of Status	
Name Name JANIER BUSTOS Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 13809 HERONWOOD LN									 _
	City Frm	ERS				State FL	Zip Code 3391	7	
8. I, being Signature o Registered i	· /-	H	ve named corpora	tion, am familiar with and accept	the obligation	s of section 607.0	8 Lot		CR2E081 (9/99)
9. Names		of Each Officer and	or Director (Florid	fa nonprofit corporations must lis	st at least 3 dir	ectors)			4
Titles	TL. Office	Name of ers and/or Directors		Street Address o Officer and/or D			City / Stat	te / Zip 	_
PES.	JAVIER B	BUSTOS	13809-HERONWOOD		ひとま	N#1 FrmYERS, FL 33919			-
						5000	03377- 08/30/000 ****908.75	4253 1045008 ****908.75	- - -
•								AD	- Control of the cont
this rei	nstatement application by the corporation have	i, the reason for disso been paid and the r	olution has been e name#of individua	owered to execute this application liminated, the corporate name sails listed on this form do not quality the same legal effect as if made	atisfies the req ify for an exem	uirements of section	on 607.0401 or 617.04	401, F.S., that all fees	The same of the sa
SIGNAT	TURE: SIGNAÇÜE	WHI THE DOR PRI		JAVIER BUSTO SNING OFFICER OR DIRECTOR	S	8(10)	50 941-4 Day	15-91 <u>78</u> time Phone #	
		<u> </u>							_