PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY STATE SUBJECT AND STATE 1. Composition have PENO 15 P173 MAN A 15 TM, 1411. 2. Principal Office Address Bulls, April, 18 c. Sulls, April, 18		PORATION STATEMENT		FLORIDA DE Sec DIVISIO	ATE	05 FEB -8 PM 3: 22				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. 4. Data incorporated or Qualified To De Business in Fiorids Applied For Non Applied	1. Corporation Name						TALLAH	ÁŠSEE, FĽÓŘÍ	DA	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. 4. Data incorporated or Qualified To De Business in Fiorids Applied For Non Applied						- K R				
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City & State City & State City & State Country Countr						4. Date Incor	4. Date Incorporated or Qualified			
Second Street Addresses of Each Officer and/or Director Signature of Street Addresses of Each Officer and/or Director Signature of Officer of Officer and/or Director Signature of Officer of Officer and/or	City & State			City & State				4/27/	28 Applied For	
2p Country 2p Country 6. CERTIFICATE OF STATUS DESIRED 33.5 Additional for requirer for \$ 33.6 Additional for requirer for \$ Certification of Status 1. Name and Address of Current Registered Agent Name						1		131	- } · · ·	1
7. Name and Address of Current Registered Agent Name Grace Address (P.O. Box Number is Not Acceptable) Sute, Apt. 8, Etc. City Sute, Apt. 8, Etc. City Sute, Apt. 8, Etc. City Sute Supported the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, P.S. Signature of Registered Agent Mannes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names of Officer and/or Directors 7. Name of Officer and/or Directors 7. Names of Officer and/or Directors 7. Names of Officer and/or Directors 7. Names of Officer and/or Directors 7. Name of Officer and/or Directors 7. Names of Officer and/or Directors 7. Name of Officer and/or Directors 7. Names of Officer and/or Director of Directors 7. Names of Officer and/or Directors 7. Names of Officer and/or Directors 7. Names of Officer and/or Director of Directors 7. Names of Officer and/or Director of Director of Director and Officer and/or Officer and/or Director of Director of Director and Officer and/or Officer					Country	6.		\$8.75 Addit		
Sure Address (P.O. Box Number is Not Acceptable) Sure Address of Each Company is Number is Not Acceptable in Numb	3301	L miss	MI-DAL					tor a Ceri	tificate of Status	i
Titles Name of Officers and/or Directors Officer and/or Director Officer and/o	Signature of Registered A	Street Address (P.C. Suite, Apt. #, Etc. City Agent Agent Address (P.C.	minimized agent of the abo	ot Acceptable) LOCES ve named corporation EGISTERED AGENT	on, am familiar with and acce	pt the obligations of sect	State 7 State	##3 Zip Code 3 3 6 / 6 or 617.0503, F.S.	<u>00.</u> 00	CR2E081 (01/05)
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 filing 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 not be true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Which is a position of the paid of the name of individuals listed on this form do not have been given be a position of the paid on the names of individuals listed on this form do not his form do not his form do not have been paid on the names of individuals listed on this form do not have the same legal effect as if made under oath. SIGNATURE:	9. Names	and Street Addresses		1/or Director (Florida		T			ł	
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 filing 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 end 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: **Vision** **Jumpson** **Jum	Titles	Officer					or City / State / Zip			
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 end 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:							WEST		33016	
	this rein owed by on this	nstatement application, by the corporation have application is true and	the reason for diss been paid and the accurate, and my s	olution has been elii names of individuals ignature shall have t	ninated, the corporate name : listed on this form do not qu he same legal effect as if ma	satisfies the requirement alify for an exemption und	s of section 60 der section 119	7.0401 or 617.0401, F.S. .07(3)(i), F.S. The inform	a., that all fees nation indicated	