PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APPLICATION	PLICATION FLORIDA DEPARTMENT OF STATE				
FOR	Katherine Ha Secretavy of S		TILED		
REINSTATEMENT.	DIVISION OF CORPOR	RATIONS	JURETARY OF SIA SVISION OF CORPORA	ALE.	
DOCUMENT # P98(	100049028	· · · · · · · · · · · · · · · · · · ·	SVISION OF CORPORA	(10%°	
1. Corporation Name			00 AUG 23 PM 1:06		
WOSASSONA	Teg, sinc,				
_	<u> </u>				
Principal Place of Business	Mailing Address				
6866 Hayrev	EI 21014				
L'ALCOLONG!	15 5380			0 ( -1)	
If above addresses are incorrect in any way, line th	rough incorrect information and enter	correction below.	PATEMENT.	44-01)	
New Principal Office Address, If Applicable     3. New Mailing Office Address, If A		Applicable 4. Date theor	porared of Qualified = 1		
uite, Apt. #, etc. Suite, Apt. #, etc.		5. FEI Numbe		Applied For	
City & State	City & State	6.	1-35 WY	Not Applicable	
Zip Country	Zip Countr	y . CERTIFICA	TĒ OF STĀTUS ĎESIRÉD ( S8.75	Additional Fee required a r a Certificate of Status	
Names and Street Addresses of Each Officer and					
Title(s)  Name of Officers and/or Directors	Of	eet Address of Each ficer and/or Director se Post Office Box Numbers)	City / Stat	e / Zip	
1 1 1111	<i>N</i> 1 LC	1 Lauker A	1 a Yal and	1.1	
resident Milliam L	DI WINDS DI	SA BUTTO DI	,	4 2 2 2	
				193817	
			100033724	-1-1-3	
			<u>-08/24/00010</u>	<u>190039</u> ****750.00	
			****750.00 *	****(30.00	
		•		1/00/	
8 Name and Address of Current	Registered Agent	9. Name and	Address of New Registered A	Jen 1	
- Lathermy C. Palier		Name	چند ریست	17 1   3	
1016 Hapter	17:20	Street Address (P.O. Box Number	er is Not Acceptable)	<u></u>	
0 8 8 9 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Suite, Apt. #, Etc.			
Lawing	~ 338.7	City	State	Zip Code	
10. I, being appointed the registered agent of the at	pove named corporation, am familiar w	ith and accept the obligations of Sec	ction 607.0505, F.S.		
Signature of	6/pries		Date		
Registered Agent	REGISTERED AGENT MUST SIGN				
11. This corporation owes the Intangible Personal Prope	e current year erty Tax due June 30.	Yes 🔲 No 🕽	(See other side on intanç	e for information gibte tax.)	
40. Leadify that Lam on officer or director or the rea	eiver or trustee empowered to execute	this application as provided for in c	hapter 607 or 617, F.S. I further of	certify that when filing	
this reinstatement application, the reason for dis	solution has been eliminated, the corp e names of individuals listed on this fo	orate name satisties the requirement rm do not quality for an exemption u	ns or section 607.040 FOF 617.040	U1, F.O., mac an 1000	
on this application is true and accurate, and my	signature shall have the same legal ef	tect as if made under oath.			
12.48in	$h(\mathcal{X}, \mathcal{A})$	with			
SIGNATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Day	ytime Phone #	