PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.

4-6-2000 56/883 640/ Date Daytime Phone #

CORPORATION REINSTATEMENT	Katherin Secretary	FLORIDA DEPARTMENT OF STATE . Katherine Harris Secretary of State		FILED OO APR 10 PM 1: 22		
DOCUMENT # P 9800 1. Corporation Name CENTENNIAL HEAD		-1	SEGRET TALLIAHA	ARY OF STATE SSEE, FLORIDA		
2. Principal Office Address PALICATO PAR	3. Mailing Office Address		DEINGTATTATATA 09-0			
Suite, Apt. #, etc. ## 4-303	1-303		4. Date incorporated or Qualified To Do Business in Florida 15			
Boca RATON, FC Zip Country	Zip	Country	5. FEI Number Applied For Not Applicable			
33433 PALABORH		Country	6. CERTIFICATE OF STATUS	DESIRED S. 75 Addition for a Certification	onal Fee required	
6 00	boys named corporation, am fa	amiliar with and accept the ob	* State	Zip Code 38433 5 or 617.0503, F.S.	*918.75	
Signature of Registered Agent	REGISTERED AGENT MUST	SIGN	Date	4-6-200		
9. Names and Street Addresses of Each Officer a Titles Name of Officers and/or Directo		Street Address of Each Officer and/or Director		City / State / Zip	-	
P ERIC WEINSTE	EN GAILE	SILACA ON ZEE	BUCK	RATON, 80	C33435	
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10. I certify that I am an officer or director or the re- this reinstatement application, the reason for di owed by the corporation have been pair and the on this application is true and accurate, and my	issolution has been eliminated, ne names of individuals listed or	the corporate name satisfies in this form do not qualify for a	the requirements of section (in exemption under section 1	507.0401 or 617.0401, F.S.,	that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR