

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# REINSTATEMENT

99-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida AUGUST 11, 1998

5. FEI Number  
65-0867073

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Addtional Fee required for a Certificate of Status.

**7. Name and Address of Current Registered Agent**

Name FLORIDA Filing + SEARCH Services, INC

Street Address (P.O. Box Number is Not Acceptable)  
155 OFFICE PLAZA DR

Suite, Apt. #, Etc. Suite A

City TALLAHASSEE

State	Zip Code
FL	32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 5/1/07

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/s	MARY wells	PO BOX 6120	DELRAN BEACH, FL 33482
			400103937144 06/06/07--01004--007 **1200.00
			400103937144 06/06/07--01004--008 **150.00

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 qualify for an exemption contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dent

Daytime Phone # \_\_\_\_\_

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