PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2. Principal office Address - No P.O. Box # 101 Sidonia Avenue 101 Sidonia	TATE ORIDA
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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 the 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. 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 Inform 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 OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date	33134