* * * * *	PLEASE	READ ALL	- INSTRUCT	IONS BE	FORE C	OMPLEŤÍNO	THIS FOR	SV4	
į.	RPORATION ISTATEMENT		RIDA DEPAR Katheri r	MENT OF e Harris of State	- STATE	01	FILED MAY -2 AM	111: 37	
DOCU	UMENT # P	780000	0976	53		S TA	ECRETARY OF ILLAHASSEE.	FLORIDA	
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	al Office Address 50 NW 3 5 7 #, e-tc.	ERR OC	ailing Office Addres	3586	587	REINST	ATEME	NT a)-0
						4 Date Incorporete To Do Business			·
City & State	ami Fl.	City &	State 11 A M	·A	,	5. FEI Number	2011-	Ар	plied For
321	Country	Zip	2255	Country		6.	834 le	\$8.75 Additional	t Applicat
91	1 DAS	E 3	7 Name and Ac	JAT T	3 <i>6</i>	CERTIFICATE OF S	TATUS DESIRED X	for a Certificat	
	Name	J	Iress of Current Registered Agent						
	Street Address (P.O. Box Number is Not Acceptable)				TERRACE				
į	Suite, Apt. #, Etc.	NW	<u> </u>	1510	KAG	<u> </u>		. .	
-	City MA	M1.				Sta		<u>ک</u> ک	
I, being a lignature of legistered A	ap∌ointed the registered agent	of the above named	corporation, am fai		accept the oblig	gations of section 607	The Company of the Company of	4 7	<u> </u>
	and Street Addresses of Each		or Flor da nonprofit		nust list at least	t 3 directors)			
Titles	Officers and/or	Directors			d/or Director		City /	State / Zip	
P	AGN STA	16 Mei	1DOZA						
			725	NN E	3578	TRA K	Mami,	H. 331	22
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 owed by 	that I am an officer or director o statement application, the reaso the corporation have been baid application is true and accurate,	on for dissolution has d and the names of i	s been eliminated, th ndividuals listed on	⊖ corporate na ⊐is form do no	me satisfies the t qualify for an e	vided for in chapter 60 or requirements of sec	7 or 617, F.S. I furth	- 01028 - 0 *:5 ***********************************	an filir

SIGNATURE:

F SIGNING OFFIC R OR DIRECTOR

345-FFF-13 XX
Date Daytime Phone #