AFUL CATION FLOP	RUCTIONS VICENARTAE Katheres tr George S	BEFORE CO	OMPLET	ING THIS FORM.	$\mathbf{O}$
DOCUMENT # 2 98 0000 97687	VISION OF CORPOR	AĂTIONS		FILED	
boooment in the state	•		go	NOV 15 PM 4: 18	
1 Corporates Name Mentine grand	ten In (			-	
			TA	CRETARY OF STATE	
Princip d Prace of Business Mailing Adde					
	A. ST Lu	ł			
90	int. St Le	vic FLA.	34986		
U above add eases are incorrect in any way, line through incorrect in	nformation and enter o		·		, "
2 Now Pancipal Office Address, If Applicable 3 New Mails 351 / 14 / 14 / 10 / 18 / 18 / 18 / 18 / 18 / 18 / 18		<ol> <li>Date Incorport</li> <li>To Do Busir</li> </ol>	orated or Qualified less in Florida 11/20/98		
	eic.		5. FEI Number		Applied For
Cary & State Prit it Lunin plh 39 981 Cary & State Zp [Cup 34986] Country [Cup 34986] St Lune Zip	SAME	·	6.	00.25	Not Applicable
Country Zip	Country	<u></u>	CERTIFICATE	OF STATUS DESIRED	icate of Status
Alamest and Street Addresses of Each Officer and for Director (Flo Name of Officers	Stre	eet Address of Each	t 3 directors)	<u>Г</u>	
The second secon		icer and/or Director e Post Office Box Nu	mbers)	City / State / Zip	
PP POL, PAK.YIN	1351	A. St lui	West	lvd. part of he	ie F634926
UTP Luk John		C, AMe-		SAME	
			30	12/07/9901058- ****158.75 ****	
	L	<b>r</b>			
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
Lik. Fih.					
1944 AL= 1765 Sture Suite Ap N- Micani Eli33162 City				w. st here, Blod	CR2E608
( CR					1e 980
10 1 being appointed the registered agent of the above named corpo					
Signature of Registered Agent KIALL REGISTERED AG	ENT MUST SIGN	/ PAK	tin poc	Date (0-28-90	3
11. This corporation owes the current y Intangible Personal Property Tax du		Yes [		(See other side for infor on intangible tax	
12 Learly that Lam an officer or director or the receiver or trustee entry that Lam an officer or director or the receiver or trustee entry to the trust lammant application, the reason for dissolution has been owed by the corporation have been paid and the names of individ on this application is true and accurate, and my signature shall have been been been been been been been be	eliminated, the corpo	rate name satisfies th n do not qualify for ar	e requirements n exemption und	of section 607.0401 or 617.0401, F.S.,	that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S	SIGNING OFFICER OR E	DIRECTOR		10-24-18 3 Date Daytime Phot	761- 43- 2006
					\$59.0042



ORIENTAL GARDEN 1351A ST. LUCIE WEST BLVD. PORT ST. LUCIE, FL. 34986

Request taken by: tkscott 10-22-1999

The forms you recently requested from this office are:

(2)203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

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