$  (V   L D) \cap C $	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
TALLAMASSE FLOWA  1. corporation Name  ST MONEE INVISTORS, INC.  2. Principal Office Address Lot 7 Al Journal Office Address Lot 8 April 8 Apr		Secretary of State	· • • • • • • • • • • • • • • • • • • •	
ST MONEE INVESTORS, INC.  2. Principal Office Address   S. Mailing Office Address   S.	Si de la companya de		SECRETARY OF STATE TALLAHASSPE, FLORIDA	
2. Principal Office Address   Lot Alloway Stive   3. Mailing Office Address   305/12/03-01070-017 ***450.00				
1607 AV   Dubry Strive   2097 VANCE RD   05/12/03-01(170-01)7 ***450,00				
Suite, Apt. 4, etc.  CIO MARQUEZ  City & State  Dethon a  City & State  Dethon A  Country  320  32138. LISA  Country  320  To man and Address of Courrent Registered Agent  Name  ANNIE  Suite, Apt. 4, Etc.  Name and Address of Current Registered Agent  Name Annie  Suite, Apt. 4, Etc.  State  State  Applied Fo  CEATIFICATE OF STATUS BESIRED  TO Suite, Apt. 4, Etc.  State	6	J	<b>800018807178</b> 05/12/0301070017 **450.00	
Detton a Detton A Pt  2p 3238   Country	,		4. Date Incorporated or Qualified To Do Business in Florida	
7. Name and Address of Current Registered Agent  Name ANNIE MARQUEZ Street Address (P.O. Box Number is Not Acceptable)  23 97 Vance Koa)  Stue, Apr. #. Etc.  Sty Hong  8. I. being appointed the flegistered agent of the above named corporation, am familiar with and accept the obligations of section 607 0508 or 617.0503. F.S.  Signature of Registered Agent Margorita Corporation and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officer and/or Directors  Name of Officers and/or Directors  Name of Offi	Deltona	DettonA, F1	5. FEI Number Applied For	
Name ANNIE MARQUEZ Street Address (P.O. Box Number is Not Acceptable) 32.97 VANCE KOAN Suite, Apt. #, Etc.  Sty Hong  8. I, being appointed the Pegistered 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 REGISTERED AGENT MUS SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Director Officer and/or Director  Officer and/or Director  Antico MARQUEZ 1 Lett Alloway Drive, Detton  Detton  FL 32738  10. Lettily 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 begin eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all terms over 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 begin eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all terms over the treceiver or the treatment application, the reason for bissolution has begin eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all terms over the treatment application, the reason for bissolution has been add and the names of inflictuation indicated the corporate name satisfies the requirements of the requirements the requir	3a738 USA	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $	CERTIFICATE OF STATUS DESIRED	
Signature of Registered Agent	ANNIE MARQUEZ  Street Address (P.O. Box Number is Not Acceptable)  2297 VANCE ROAD  Stile, Apt. #, Etc.  State Zip Code			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  Product Anthony Gonzalez ILon Alloway Drive, Dettona Dettona FL 32738  T Anne Marquez 2297 Vance Road, I Dettona FL 32738  10.1 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, F.S., that all leas oved by the corporation have been paid and the names of individuals listed, of this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicate	Signature of Registered Agent Must Sign Date 5/6/03  REGISTERED ABENT MUST SIGN			
Product Anthony Gonzalez   Lear Alloway Drive, Dettona   Dettona FL 32738    This derif Anthony Gonzalez   Lear Alloway Drive, Dettona   Dettona FL 32738    This derify 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.   further certify that when filling 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 under section 119,07(3)(i), F.S. The information indicate	<del></del>	<del> </del>	<del></del>	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daytime Phone #				

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