	PLEASE READ	ALL INS	RUCTIONS	S BEFORE C	OMPLET	ING THIS FORM.		
	PLICATION FOR STATEMENT		ENT OF STATE Iarris State	1	FILED			
DOCUMENT # P9900003118					01 JAN -3 PH 12: 16			
1. Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA			
	Principal Place of Business Mailing Address							
	. 7th avenue	7TH AVENUE 3168						
If above a	ddresses are incorrect in any way, line th	munh-incorrect.k	eformation and enter	r correction below	REIN	STATEMEN	TOD	
	ncipal Office Address, if Applicable	ng Office Address, If Applicable		4. Date Incorp	orated or Qualified			
Suite, Apt. 1		etc.		5. FEI Number	·	/12/1999 SP Applied For		
•			City & State			7988204	Not Applicable	
Zip	Country	Zip	Coun	try	6. CERTIFICATE	E OF STATUS DESIRED V S8.75	Additional Fee required a Certificate of Status	
	and Street Addresses of Each Officer an Name of Officers	d/or Director (Flo	S	treet Address of Each				
Title(s)	Title(s) and/or Directors 2			Officer and/or Director 3				
PSTD HOLLAND, EDWIN			850 N.W. 149T	h terrace		MIAMI FL 33168		
					000035326305 -01/11/0101040017 *****758.75 (****758.75			
					e		* *	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
HOLLAND, EDWIN 13631 N.W. 7TH AVENUE					P.O. Box Number is Not Acceptable)			
MIAMI FL 33168				Suite, Apt. #, Etc.				
City					State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 12/29/00 REGISTERED AGENT MUST SIGN								
this rein owed by	that I am an officer or director or the rec: istatement application, the reason for dis y the corporation have been paid and the application is true and accurate, and my t	solution has been names of individ	eliminated, the corp uals listed on this fo	porate name satisfies rm do not qualify for a	the requirements an exemption unc	of section 607.0401 or 617.040)1, F.S., that all fees {	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #								