PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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City & State			City & State	· · · · · · · · · · · · · · · · · · ·		5. FEI Numbe	59-3551522		lied For Applicable
Zip		Country	Zip	-	Country	6. CERTIFICATI	E OF STATUS DESIRED [\$8.75 Additional for a Certificate	Fee required of Status
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofi	it corporations must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		4 C	City / State / Zip	
PVPD	CASTOR,	CHRISTOPHER D		2307 HAI	rgill drive		ORLANDO FL 328	06	
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	8. Nan	ne and Address of Curren	t Registered Age	ent		9. Name and	Address of New Regis	stered Agent	
	D CUDIOT				Name		. بيسيديد		
)r, christ Iargill dr				Street Address (P.O. Box Number	is Not Acceptable)	<u> </u>	
	IDO FL 328				Suite, Apt. #, Etc	·			
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10. I, being	appointed th	e registered agent of the al	oove named corpo	oration, am fa	amiliar with and accept the c	obligations of Sect	ion 607.0505, F.S. or 6		
Signature o Registered	Agent (V BOOM	TO REC	ENT MUST			Date	103	

11. 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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03 407/467-3063
Daytime Phone #