								حر				
·		PLEASE	READ A			IONS BEFORE			NG THIS FO	RM,		
FOR				A DEPARTMENT OF STATE  Katherine Harris  Secretary of State			FILED					
						VISION OF CORPORATIONS			01 OCT 30 AM 10: 35			
DOCUMENT # P9900001538									SECRETARY OF STATE TALLAHASSEE, FLORIDA			
THE E	BRADLE	Y GROUF	OF NV	V FLORII	DA, IN	C.			,, ,			
Principal Place of Business Mailing Addre						ess						
4995 1NV 30 A.STE.3  SEAGROVE FL 32459  SEAGROVE					FL 32459			DEING	TATEME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
103	inginal Office /	incorrect in any		3.485°	office A	and enter correction below.	<u>.</u>	Date Incorporate	orated or Qualified less in Florida	02/15/	1999	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State					etc. (			5 EEI Number	576818	<b>)</b>	Applied For	
			Zip		Country	Country		OF STATUS DESIRED	\$8.75 Add	Not Applicable itional Fee required		
7. Names	and Street Ad	dresses of Each	Officer and/o	r Director (Flo	ida nonpro	fit corporations must list at	t lea			for a Ce	rtificate of Status	
Title(s)	Name of Officers and/or Directors 2					Street Address of E Officer and/or Direct		City / State / Zip				
PTD	BATUR, KENNETH E				5114 FISHER ESTATES LANE				ROMEO MI 48064			
VSD	SMITH, WILLIAM H.				449 WATERVIEW COVE DRIVE				FREEPORT FL 32439			
					. 00				00046938601: -11/26/0101080011			
								W <u>-</u>	****908.	75 ***	*908.75	
÷												
	8. Nam	e and Address	of Current R	egistered Age	nt	Name			9. Name and Address of New Registered Agent			
4005-	ON, FRANK HWY 30-A,S	anti e		_		Street Address Suite, Apt. #.	)	P.O. Box Number	I. Middl is Not Acceptable)	101m 30-14	CRZE040 (800	
	IROVE FL 32					المالية		vone B	ch	State Zip	3459	
<ol> <li>I, being Signature of Registered</li> </ol>	of	e registered age	100		NT MUST	familiar with and accept the EQUARED SIGN	e <b>l</b>	bligations of Section	on 607.0505, F.S.  Date			
this rein	statement app y the corporati	olication, the rea ion have been p	son for dissoluted and the na	ution has been ames of individ	eliminated, ıals listed o	o execute this application a the corporate name satisf on this form do not qualify e legal effect as if made u	fies for a	the requirements an exemption und	of section 607.0401 or	317.0401, F.S	S., that all fees	
	, , , , , , , , , , , , , , , , , , , ,			1			/	H	222	22	2.6	
SIGNAT		S . C GNATURE AND T		TED NAME OF S		ICER OR DIRECTOR	7		860.	- 23) Daytime Pl	- <b>40</b> 90	

SIGNATURE: