PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2. Principal Office Address				3. Mailing Office Address				REMOTATEMENT 02-03					
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Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				4. Date Incorporated or Qualified					7		
City & State				City & State				To Do Business in Florida APRIL 21, 1999					1
PALM BAY , FL				PALM BAY, FL				5. FEI Number Applied For 59.35 & 9.39 Not Applicable					1
Zip	- 1	Country	7/	Zip		ountry	1.,,	6.		\$8.7		Not Applicable	-
3290) 1	2ん	Α,	32907		12N	.	CERTIFICATE	OF STATE			cate of Status	
	7. Name and Address of Current Registered Agent Name STANLEY C SAWICK Street Address (P.O. Box Number is Not Acceptable) 1034 MOHAWK AVE HW Suite, Apt. #, Etc. City RALM BAY State Zip Code FL 32907												
8. I, being appointed the registered gent 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 Date 9/9/0.3 REGISTERED AGENT MUST SIGN													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Street Address of Each													
- Titles -		Officers	and/or Directors	Officer and/or Director						City / State	e / Zip		1
D	STANLEY & SAW !			CKI 1034 MOHAWK PALM BAY, FL 3						1			
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10. 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 filing 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 individually 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 by signature shall have the same lead effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #													