## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIDED 58.75 Additional Fee require		PORATION STATEMENT		Secreta	RTMENT OF STATE  ry of State  corporations	FILED  05 APR -8 AM 9: 43  SECRETARY OF STATE			
2. Principal Office Address 2775 W 62 ST. Surve  Sulte, Apt. #, etc.  Fig. Country  330016 Country  To Do Business in Florida  Applied For  Not Applicable  F. FEI Number  G. CERTIFICATE OF STATUS DESIRED  To a Certificate of Status  7. Name and Address of Current Registered Agent  Name  Name  Tesse Teutificate  Street Address (P.O. Box Number is Not Acceptable)  2776 W 627  State  State  State  FL 33016  8. I, being appointed the registered 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  Titles  Name of Officer and/or Directors  Street Address of Each Officer and/or Directore  Street Address of Each Officer and/or Directore  Officers and/or Directore  Officers and/or Directore  Officers and/or Directore  City / State / Zip	1. Corporation Name					ÄLLA	AHASSEE, FLOR	IDA	
Suite, Apt. #, etc.  Sireet Address (P.O. Box Number is Not Acceptable)  27. Name and Address of Current Registered Agent  Name, Applicable  7. Name and Address of Current Registered Agent  Name, Applicable  Street Address (P.O. Box Number is Not Acceptable)  27. Name and Address of Current Registered Agent  Suite, Apt. #, Etc.  Signature of Registered Agent  Registered Agent  Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Suite, Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Director  Suite, Apt. #, etc.  Suite, Apt. #, etc.	Jez	5e 1. 5	NT ER PRIS	es the.					
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country						70 04/19/	0051205 050104401	5337 7 **1058. ************************************	<u>ا</u>
## Applied For ## App	Suite, Apt. #, etc. Suite 104			Suite, Apt. #, etc.			porated or Qualified 5/	6/1999	
To Name and Address of Current Registered Agent    Name	Hiakah. a.						Applied For Not Applicable		
Name    Street Address (P.O. Box Number is Not Acceptable)   2775   Code			· ·	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED 📈	\$8.75 Additional Fee required for a Certificate of Status	í
Street Address (P.O. Box Number is Not Acceptable)  2776 W 62 Per 104  Suite, Apt. #, Etc.  5 to 104  City Hale W 105  Registered Agent Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  Street Address of Each Officer and/or Director  City / State / Zip		Name		7. Name and	Address of Current Regist	ered Agent			
Suite, Apt. #, Etc.  Suite, Apt. #, Etc.  State   City   State   Zip Code   FL   330/6    8. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent   Date   4/7/0 >  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles   Name of Officers and/or Directors   Street Address of Each Officer and/or Director   City / State / Zip	ì	Street Address (P.O. Box Number is Not Acceptable)							
State   City   Hables   State   Zip Code   FL   3 20 1/6    8. I, being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of   Registered Agent   Part   Registered Agent   Part   Part	,								
## Albert ## Alb		Suite, Apt. #, Etc.							
Signature of Registered Agent REGISTERED AGENT MUST 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 Directors Officer and/or Director (City / State / Zip			ed				State Zip Code FL 330/	6	<b>4</b>
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip	Signature of Registered Agent Duyllo							F.S.	77 101 101 101 101 101 101 101 101 101 1
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	9. Names	and Street Address				least 3 directors)			1
PD Jesse Trujillo 2775 W62 Nd St Tox Khalal FC 330/6		Name of		Street Address of Each Officer and/or Director		ich tor	City /	State / Zip	
	PD	Jesse Teujillo		) 277	2775 W 62 rd St 100		Kulal & 330/6		
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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 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 if made under oath.	this rei	instatement applicati by the corporation ha	on, the reason for dis- ave been paid and the	solution has been eliminat names of individuals liste	ed, the corporate name satisf d on this form do not qualify for	ies the requirements or an exemption und ider oath.	s of section 607.0401 or 6 der section 119.07(3)(i), F.	17.0401, F.S., that all fees S. The information indicated	
SIGNATURE: 1 Jung 10 786-226-4547  ENGNATURE AND TEMED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone #	SIGNA		In sall	2	DEFICER OF DIDECTOR		47/05 786.	226.454)	