## PLEASE HEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED
200		03 JAN 21 AM II: 15
Suite, Apt. #, etc.		SEGRETARY OF STATE
	Ciatriti Tiv	TÄLLAHASSEE. FLORIDA
DE THE TOWARTS	CONTINCTING, LAC.	
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2. Principal Office Address	3. Mailing Office Address	ENTERIOR DE LA COMPANSION DE LA COMPANSI
Suite, Apt. #, etc.		REMSTATEMENT <u>ol-03</u>
	SURB, Apr. #, etc.	4- Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
Royal talm FL		<b>5.</b> FEI Number Applied For
33411 USA	Zip Country	CERTIFICATE OF STATUS DESIDED [7] \$8.75 Additional Fee regi
	7. Name and Address of Current Registers	for a Certificate of Statu
Name Dylan Ba-	Hles	
Street Address (P.O. Box Number is N	<del>000010396500</del> 01/21/0301079031 **1050.40	
Suite, Apt. #, Etc.	ys Ln.	U1/21/U301079031 **1050.
City		
Koyal tala	<u> </u>	State Zip Code FL 33411
I. I, being appointed the registered agent of the above	re named corporation, am familiar with and accept the obl	gations of section 607.0505 or 617.0503, F.S.
ignature of legistered Agent	th	pate 1-16-03
	GISTERED AGENT MUST SIGN for Director (Florida nonprofit corporations must list at leas	
Titles Name of Officers and/or Directors	Street Address of Each	t 3 directors)
es D=	Officer and/or Director	City / State / Zip
Dylan Bettles	107 tairways L	n Royal Palm, FL33411
Liane Bettles	,,	//
ec O-Mellisa Benne	H 4650 1215t. Herr.	N. Royal Palm FL 33411
		N. Koyel Klm, FL 33411
,		
I certify that I am an officer or director or the receive	r or trustee empowered to execute this application as provi	ided for in chapter 607 or 617, F.S. I further certify that when filing
Owed by Ine comporation have been peid and the new	tion has been eliminated, the corporate name satisfies the mes of individuals fisted on this form do not qualify for an e ature shall have the same legal effect as if made under on	requirements of section 607,0401 or 617 0401 F.C. that all face
. A	A serial trave tries same legal effect as if made under on	th.
GNATURE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECTOR	1-16-03 561-324-0500
***************************************	AL CHOIME OF FICEN ON DINECTOR	Date Oouting Discours

SIGNATURE:

JI ihr