PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATIO	(方面是Y)(之类/TE/方)	Secreta	RTMENT OF Sine Harris Try of State CORPORATIONS	TATE	÷\$1	FILED	
DOCUMENT # (P000083389					01 OCT -4 PM 4: 10		
. Corporation Name	-0000				SECRETARY OF STATE		
TRANSI	MISSION	MART	エル	C .		TALLAHASSEE, FLORIDA	
2. Principal Office Address		3. Mailing Office Address					
3005 42rd	ST, NW.						
Suite, Apt. #, etc.	•	Suite, Apt. #, etc.				orated or Qualified	
City & State	_	City & State			5. FEI Number	neas in Florida Scot 16, 1999	
WINTER HAVEN FI.						Applied For Not Applicable	
· .	Polk	Zip	Country		6.	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
<u> </u>	10010	7. Name and	Address of Curren	t Registere	d Agent		
Name	OHN	WATERA	40.0		<u> </u>		
Street Address (P.O. Box Number is Not Acceptable) 437 AUE C W.E.							
Suite, Apt. #,	Etc.						
CHY WINTER HAUEN						State Zip Code FL 3388(
B. I, being appointed the re	gistered agent of the abo	ve named corporation, arr	familiar with and ac	cept the ob	ligations of sectio	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN						on 607.0505 or 617.0503, F.S. § 5	
9. Names and Street Add	resses of Each Officer and	Vor Director (Florida nonp	rofit corporations mu	st list at lea	ist 3 directors)	i	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
Pres. John	n Wate	rman 43.	7 Aue	C A	JÆ.	WINTER HAVEN, F1.33881	
V.						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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						-10/05/0101005001 ****750.00 ****750.00	
			QC		TEME	÷	
			# PERMITTEE TO	i springer i	* # 384 # 7 * 172	MU	
this reinstatement appli owed by the corporation on this application of tru	cation, the reason for diss	olution has been eliminate names of individuals listed	id, the corporate nam i on this form do not o me legal effect as if n	ne satisfies qualify for a nade under	the requirements : n exemption unde	pter 607 or 617, F.S. I further certify that when filling of section 607.0401 or 617.0401, F.S., that all fees ar section 119.07(3)(I), F.S. The information indicated	
SIGNATURE: BIGN	NATURE AND TYPED OR PRI	NTED HAME OF BIGNING O	-010		BIACO	Deta Deytine Phone #	