PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Ware City. & State Pomp Zip 330	house	Beach Country Brown	and	Wareh City&State Pompa Zip 3306	no Bear			4. Date Incorr To Do Busi 5. FEI Number 6. CERTIFICATE	iness in Flo er 583	3 <u>2</u>	0 2 2 \$8.75 A	App Not	lied For Applicable Fee required of Status	
8. 1, being	Name ANDREW MIGNETT Street Address (P.O. Box Number is Not Acceptable) G9 8 1 NW 8 H Cd Suite, Apt. #, Etc. City MARGME B. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S.													
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 Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip						
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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 filling 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Day Day Day Day Day Day Day Da														