	PLEASE READ	ALL INST	BUCTIONS	BEEORE (NG THIS FORM	1.	
- AP		A ARTMEN		FILED 90 JUN 24 PH 12:00 SALCA MARY OF STATE				
	F F F F F F F F F F F F F F F F F F F	ecretary of S						
		VISION OF CORPOR	RATIONS W					
DOCUMENT # \$11801 1. Corporation Name					CLEARAY OF STATE			
	RAFT CONSTRUCTION, INC]_						
1								
Principal Place of Business Mailing Address 7395 Davie Road Ext. 646 HOLLOW DRIVE								
HÖLLYWOOD, FL 33024 DEERFIELD B US US				FL 33442				
					RFINS	STATEME	NG5-GG	
2. New Prin	ddresses are incorrect in any way, line the ncipal Office Address, If Applicable	nformation and enter o ing Office Address, If i		4. Date Incorpo	prated or Qualified			
7395 Suite, Apt. #	#, etc.	Suite, Ap1. #,	Suite, Apt. #, etc			To Do Business in Florida 11/05/90		
City & State	WOOD, FL 33024	City & State			65-024		Applied For Not Applicable	
Zip	Country	Zip	Country	/	 6. CERTIFICATE 	OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	1/or Director (Flo	irida nonprofit corpora	tions must list at le	ast 3 directors)			
Title(s) 1	and/or Directors Offi			eet Address of Eac icer and/or Directo ie Post Office Box	ctor City / State / Zip			
Duca	BRATKO, JOSEPH 646 HOLLO		646 HOLLON	I CTRCLE D	RTVE	DEERFIELD BEA	CH. FL 33442	
Pres.	DAAINO, GODIAA							
						10002922 -07/02/99 ***1358.75	259.3.3014 -01103014 	
					0 Name and A	derana of New Desistors	d Accest	
B. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name			
I	BRATKO, JOSEPH 646 HOLLOW CIRCLE DR		Name Street Address (P.O. Box Number is Not Acceptable) Suite Act. # Erc					
	DEERFIELD BEACH, FL 3		Suite, Apt. #, Etc. City State Zip Code FL					
10. I, being Signature of Registered /	Variab Brees	H BRATKO	h and accept the obligations of Section 607.0505. F.S. Date 06-22-99					
	is corporation owes the angible Personal Prope	e current y		Yes		(See other on in	side for information angible tax.)	
12. I certify this rein: owed by	that I am an officer or director or the rec istatement application, the reason for dis y the corporation have been paid and the application is true and accurate, and my	eiver or trustee er solution has been a names of individ	mpowered to execute n eliminated, the corpo tuals listed on this for	rate name satisfie: m do not qualify fo	s the requirements r an exemption unc	of section 607.0401 or 617 Jer section 119 07(3)(i), F.S	.0401, F.S., that all thes 5. The interrolation moliceted	
SIGNAT	TURE:	NWP RINTED NAME OF	JOSEPH BR.	ATKO	06-2	2–99 954–436– _{Date}	0466 Daytime Phone #	