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Directline Indestru	<u> Triber and </u>		FILED
Principal Place of Business 181 E Highway 50 a floor	Malling Address معرضات المائل المائل المائلة		
CLERMONT FL 34711	CLERMONT FL 34711	tairmen 5	01 SEP -4 PM 12: 47
US N-4-0 Per Care	(A) (A) (A)	17/8978	SCHRETARY DE STATE Y
2. Principal Place of Business	3. Mailing Address	710140	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · ·	REINSTATIENTIESPACE (8-0)
City & State	City & State	, , ,	4. FEI Number
The second second		· .	59 - 3114584   Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current R	Registered Agent	Alama	7. Name and Address of New Registered Agent
GEORGE E. HOUIS			oise Grimm
481 E Highway 50		Street Addres	SS (P.O. Box Number is Not Acceptable)  Y SKIING PARADISE BUD
CLERMONT FL 34711			
·. ,		CityUE	RMONT FL 34711
8. The above named entity submits the tratement for the contraction of	, ,	s registered office or regis	stered agent, or both, in the State of Florida.
18 PH	D	A service	Hours Aug. 27, 2001
SIGNATUR		E: Registered Agent signature requi	pled when reinstaing)
This occuparation is eligible to satisfy its Intangible     Tay (illing requirement and elects to do so.)	FILE NOW!	III FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)	Make Check Payab	001 Fee will be \$550.00 ale to Department of St	Added to Fees
11. OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME Patrick Derai	☐ Delete	TITLE NAME	☐ Change ☐ Addition -
STREET ADDRESS 13114 SKING PARAT		STREET ADDRESS	The first of the f
CITY-ST-ZIP CLERMONT, FL. 3471		CITY+ST-ZIP	Citange   Addition
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CITY-ST-ZIP Table 1	- V	CITY-ST-ZIP	Little conflict that the information
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office, or director of the corporation or the resource or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with all other like empowered.			
SIGNATURE: Patrick Deva 8-3-01 352-429-2178  SIGNATURE: Date Date Date Date Date Date Date Date			