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4. FEI Number	59-3133903	Applied For Not Applicable
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7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

000000323713
04/22/05-80063-018 150.00

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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NAME		
STREET ADDRESS		
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TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone # _____