APPI REINS	FOR GG	FI ORIC	TRUCTIONS DA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPOR	NT OF STATE rris state	OMPLETI	NG THIS FOHM. FILED ASSAULT JARY OF S FISHON OF CORPO	State	
	•	8807 Inc. American D	evelop ment	Corporat) bin	99 OCT 28 PM (
37 N Orla	or of Business 1. Orange Ave, 1 ando, Pl. 3280	1	ame					
	dresses are incorrect in any opportunity and Office Address, If Applic		information and enter- iling Office Address, If	correction below. Applicable	Date Incorporate	orated or Qualified		
				etc.		To Do Business in Florida 8/20/92		
						5. FEI Number Applied For Not Applicable		
Oity & State			Zip Country		6. \$8.75 Additional Fee required		Additional Fee to quired	
2ip						CERTIFICATE OF STATUS DESIRED L. for a Certificate of Stutus		
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each On Light 17-								
Title(s)	itie(s) and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box		City / State	/ ZIP	
P/s/r	Maurice O		5000030357755 -11/05/9901007002 ****150.00 ****150.00			755 07002		
				٢	· · · · · · · · · · · · · · · · · · ·			
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent (ଜଣ ନିର୍ଦ୍ଦ ନିର୍ଦ ନିର୍ଦ୍ଦ ନିର୍ମ ନିର୍ଦ୍ଦ ନିର୍ମ ନିର୍ଦ୍ଦ ନିର ନିର୍ଦ୍ଦ			
RICLARY WILL STO Street Address (Suite, Apt. #, Etc.					(P.O. Box Number is Not Acceptable)			
37 N. Olanje Will Sob Suite, Apt. #, Etc					c.		5	
Mando 1 3001					City State Zip Code			
10 I being appointed the registered igent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							1/2	
Signature of Registered A		9 DECIGIEDED	ACCAÏT MUST SIGN			Date	1/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.						(See other side on intangi	for information ble tax.)	
12 I certify this reins	that I am an officer or directo	or or the receiver or trustee ason for dissolution has be	empowered to execute een eliminated, the corp viduals listed on this to	e this application as porate name satisfie	provided for in ch is the requirements or an exemption un	apter 607 or 617, F.S. I further ce s of section 607,0401 or 617,040 ider section 119,07(3)(i), F.S. The		
SIGNAT	URE: MANY'S SIGNATURE AND	TYPED OR PRINTED NAME (DF SIGNING OFFICER OF	DIRECTOR		10/s/l/ Say	ime Phone #	