F LEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLE FIN	IG THIS I-ORM		
APPLICATION ************************************	FLORIDA DEPARTMI	ENT OF STATE			•	
FOR ;	Katherine I Secretary of					
REINSTATEMENT	DIVISION OF CORP				' F	
DOCUMENT # J HIRD INC.						
1. Corporation (vame				OD JAN -4 PM	1: ևե՛	
V 65367.			SECRETARY OF STATE			
Principal Place of Business Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
401 3W 136ct					\	
Min fla 33184						
					``.	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorpora	led or Qualified		
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida 5. FEI Number		
City & State	& State City & State MIRMI Fla.			7488	Applied For Not Applicable	
Zip Country				STATUS PECIPED 1 58.7	5 Additional Fee regula	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofil corpor	rations must list at leas			er a Certificate of Status	
ille(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director			City / State / Zin			
DITUED		interes)				
T. UAMES TOSS T	tiRD 40154) 136 ct		Min, fla	33180	
			000	0003091 -01/07/0001		
	· · · · · · · · · · · · · · · · · · ·			***1588.75	***1508.75	
		···				
						
·	PEINSTAT	EWENT	15-20	00		
B. Name and Address of Current R		·		. 15	·	
TAME ROSS		Name .	9. Name and Addr	ess of New Registered A	gent	
401 SW 136 C	Street Address (P.C	D. Box Number is No	ol Acceptable)			
401 500 156 0	Suite, Apt. #, Etc.					
Minui fla.	32184	City			Zip Code	
10. I, being appointed the registered agent of the above	named corporation, am familiar wi	th and accept the oblig	gallons of Section 6	FL)	·	
Signature of Registered Agest Amus S	Min		(Date		
	ISTERED AGENT MUST SIGN	·				
11. This corpóration owes the current year Intangible Personal Property Tax due June 30.] No [(See other side on Intangi		
12. I certify that I am an officer or director or the receive	r or trustee empowered to execute	this application as prov	ided for in chapter (607 ar 617. F.S. I further ce	ertify that when filing	
this reinstatement application, the reason for dissolution owed by the corporation have been paid apathe national apaths.	tion has been eliminated, the corpo mes of individuals listed on this for	rate name satisfies the π do not qualify for an	requirements of se exemption under se	ection 607.0401 or 617,040	1, F.S., that all fees	
on this application is true and accurate, and my sign	ature shall have the same legal effe	cci as il made under oa	เฑ.	(305)	•	
CIONATUDE:	8/1/2	'	/~	3-00 63/- Date (305/22)	-8600	
SIGNATURE: SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR D	PIRECTOR		Date 30T/22	ime Phone \$ //2	