## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		7.	<del></del>				
	FLORIDA DEPA	RTMENT OF STAT	F				
CORPORATION ( )	<b>\</b>	rine Ḥarris		FILE	ר		
LINGTATEMENT	<u> </u>	ary of State		1111	D		
New York	,	CORPORATIONS	(	OI MAL IC	₩ 2:33		
DOCUMENT #	7937						
				SECRETARY OF STATE TALLAHASSEE FLORIDA			
Optile Distribution	g In C						
2. Principal Office Address	3. Mailing Office Address			M		20	
1303 Sw Cc As 11 , a	SAME			-20	<b>VIII</b>	W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			74	<b>ク</b> ひし		
Gard, 7, pt. 11, 0.00.	Calle, / pt. #, cle.		4. Date Incorp	oorated or Qualified		THE STANDARD SET OF MINISCHE	
City & State	City & State			Common to the contract	0-9-0	72	
Dala Cit El	only a state		- 5. FEI Numbe		1 1	plied For	
Zip Country	Zip	Country		03634 S	53 Not	t Applicable	
34990 Martin		Country	6. CERTIFICATE	OF STATUS DESIRED	S875 Additional	Fee required e of Status	
	7. Name and	Address of Current Regis	stered Agent	2000 No. 1 and the Control of the Co			
Name	· / / / /	./.	<del>_</del>			1	
StEPhEN J	UATTI	\{\bar{\x}			52769 <u>-</u>	1-7	
Street Address (P.O. Box Number is N	Not Acceptable)	v			1010050	R	
Suite, Apt. #, Etc.	ou way	<u></u>		****458.	<u>.00 ****45</u>	₩.UU	
		<u> </u>		<del></del>	-	·	
City Paly City				State Zip Code <b>FL</b> 349	90	V 2004 S 40	
8. I, being appointed the registered agent of the ab-	ove named corporation, an	n familiar with and accept th	ne obligations of section	on 607.0505 or 617.050	03, F.S.	60/0	
Signature of Registered Agent	J Don	to		Date/~	_		
The second secon	The second secon	NAME OF THE PROPERTY OF THE PR	nt locat 2 directors)	n an			
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea  Titles Name of Street Address of Each							
Officers and/or Directors	5	Officer and/or Director		Cit	ty / State / Zip		
Passingn Stephen J	an Stephen J DATAIS 1303 SW SSAG			Palm Ci	4 FL 30	4990	
VICE Scott Part	July 12 2	642 HARIN	n st	B1166	N.Y. 11	1286	
SECUSTRY SCOTT POST	70000	017 11111411	<u>,                                    </u>	1011.90			
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				-	I.	/E	
The second secon	S. C.	· · · · · · · · · · · · · · · · · · ·			<u> </u>	(E	
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for dis- owed by the corporation have been paid and the on this application is true and accurate, and my s Stiphen	solution has been eliminate names of individuals listed	ed, the corporate name satis d on this form do not qualify t	sfies the requirements for an exemption und inder oath.	of section 607.0401 or	617.0401, F.S., that	all fees	
SIGNATURE: 35h Z	Vatt	4		1-7-01	561-286	-3546	
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING O	FFICER OR DIRECTOR		Date	Daytime Phone #	Н	