PLEASE READ	A MOTOLICTIONS F	BEFORE COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	ORIDA DEPARTMEN Sandra B. Morti Secretary of St	T OF STATE ham
DOCUMENT # 1124970	ON OF COPPOR	
	Al ESTATE, IN	OC. SECRETARY OF STATE
	1097	-8480 TALLAHASSÉE, H.ORIDA
Principal Place of Business Malling Address 2290 S. VOIUSIA AVE. SAME.		
ORANGE City, FloriDA		REINSTATEMENT95-97
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable	New Mailing Office Address, If A	Applicable 4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State	5. FEI Number Applied For S 9 - 268 - 5646 Not Applied be
City & State Zip Country	Zip Country	6. \$8.75 Additional Fee required
		CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/c Name of Officers and/or Directors	Stre	eet Address of Each icer and/or Director City / State / Zip
1 2 3 (Do NOT Use Post Office Box Numbers) 4 3 2 0 / 2		
RES. BERNARD E. Senez, & 465 W. LANSDOWNEAVE ORANGE City, FlA.		
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		6000021645266
		-05/02/9701137013 ***1080.00 ***1080.00
		JB4-28-97
And the state of t	D-OROM AS AN	9. Name and Address of New Registered Agent
BERNARD E. Senez SR. H65 W. LANSDOWNE AUE Name BERNARD E. Senez SR. Street Address (P.O. Box Number is Not Acceptable) 465 W. LANSDOWNE AUE Street Address (P.O. Box Number is Not Acceptable) 465 W. LANSDOWNE AUE		
ORANGE CITY, Floring. Suite, Apt. A. LANSDOWNE AVE.		
3276		
10. I, being appointed the registered agent of the above ranged of Polytion Amerilliar with and accept the obligations of Section 607,0505, F.S.		
Signature of Registered Agent Date V4-2-97 Date V4-2-97		
Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No Intangible tax.)		
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE: SIGNATURE AND WHEN THE DIAMP OF SIGNAGE OF DIRECTOR SERVARD E. SENEE. PRES. Date		