


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

CORPORATION  FLORIDA DEPARTMENT OF STATE KATHYHO HARRIS Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 NOV 28 AM 11:02
DOCUMENT # J44888 1. Corporation Name CAPITAL ABSTRACT AND TITLE OF CORAL SPRINGS, INC.		
2. Principal Office Address 10115 W. SAMPLE RD. Suite, Apt. #, etc. SUITE 210 City & State CORAL SPRINGS Zip 33065 USA		3. Mailing Office Address 10115 W. SAMPLE RD. Suite, Apt. #, etc. SUITE 210 City & State FLORIDA Zip 33065 USA
4. State has been filed or changed to do business in Florida		5. FEE (Amount) 59-2780789 Assessed Fee Not Assessed
6. CERTIFICATE OF STATUS BEGINS []		

200004719622--3
 -12/12/01--01004--013
 ****150.00 ****150.00

7. Name and Address of current Registered Agent

Name PAUL D. MANDEL
 Street Address (P.O. Box Number is Not Acceptable)
 10115 W. SAMPLE ROAD
 Suite, Apt. #, Etc.
 SUITE 210
 City CORAL SPRINGS
 State FL Zip code 33065

8. I, being appointed the registered Agent of the above named corporation, do hereby with and accept the obligation of Section 807.0805 or 817.0805, P.S.

Signature of Registered Agent _____ DATE _____
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Titles	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
DPT	MANDEL, PAUL D	10115 W. SAMPLE RD. CORAL SPRINGS, FL.	
DSV	PERKINS, DIANE M.	10115 W. SAMPLE RD. CORAL SPRINGS, FL.	11/15

10. I certify that I am an officer or director of the above named corporation and that the information provided on this statement application, the return for dissolution has been submitted, the corporate name is available, the responsibility of the corporation has been assumed, the names of individuals listed on this form do not qualify for an exemption under Section 119.07(3)(b), P.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 06-4-01

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CAPITAL ABSTRACT & TITLE

10115
w. sample road
coral springs
florida
33065
954/344-8420
fax 954/344-8852

October 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Capital Abstract & Title-Document # J 44888

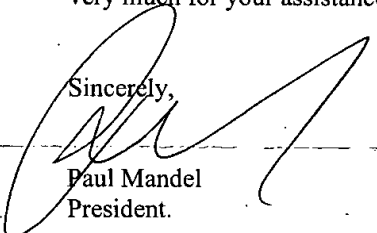
Enclosed please find our application for reinstatement along with check in the amount of \$150.00 to cover the Annual report fee and the corporate supplemental fee.

We never received anything prior this in the mail this year on any of our Companies regarding the Annual report and fee.

We are requesting a one time waiver of the \$600.00 reinstatement fee as it certainly was not our intention to overlook this matter.

We would appreciate your favorable response back to us as soon as possible. Thank you very much for your assistance regarding this important matter.

Sincerely,


Paul Mandel
President.