APPLICATION FOR REINSTATEMENT	O DF	STILL OF STATE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NUXXZZ
	10048821	name to:	TAILAILASSI OF THE STATE OF THE
Principal Place of Business 21831 Calatrava Mission Viejo,CA 92692	Mailing Address 21831 Caltra Mission Viejo		TOROX
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable 21831Calatrava Suite, Apt. #, etc.	3. New Mailing Office 21831 Calt: Suite, Apt. #, etc. City & State	Address, If Applicable Cava	4. Date Incorporated or Qualified To Do Business in Florida 07/13/1993 5. FEI Number Applied For Not Applicable
Mission Viejo, CA Zip Country 92692 USA	Mission Vie	Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer an Name of Officers and/or Directors 1 2	d/or Director (Florida nonpr		h City / State / Zip
D/P/T/S Vern Bock	2183	21831 Caltrava Mission Viejo, CA 92692 500003249025-7 -05/12/0001002-005 500003249025-7 -05/12/0001002-003 ******8.75 ******8.75 500003249025-7 -05/12/0001002-004 ****150.00 ****150.00	
8. Name and Address of Curren	t Registered Agent		9. Name and Address of New Registered Agent
LEE SHACKELFORD 3500 GALT OCEAN DRIVE SUITE 302 FT. LAUDERDALE, FL. 33308		Name C_T_CORPC Street Address (I 1200_SOUT Suite, Apt. #, Etc City PLANTATIO	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent M T. C.			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No X (See other side for information on 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 filing 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 AND TYPED OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR Vern Bock, DPTS 3/28/00 949/347-6752 Date Daytime Phone #			