PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
APPLICATION FORGIC	FLORIDA DEPARTMENT OF STATE Katherine Harris	
REINSTATEMENT	Secretary of State DIVISION OF COMPONATIONS	FILED
DOCUMENT # P95000089239		00 MAR -2 AM 9: 44
THE PROSPERITY CONNECTION ING.		SEURETARY OF STATE TALLAHASSEE, FLORIDA
		TALLAHASSEE, FLUNION
Principal Place of Business Maling Address P.O. Bux 1331		do gal
CLEAR WATER, FL. 33757-1331 If above addresses are incorrect in any way, line through incorrect information and enter correction below		REINSTATEMENT 3/2/91
New Principal Office Address, II Applicable	3 New Mailing Office Address. If Applicable	Date Incorporated or Qualified To Do Business in Florida Dec 1666
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5 FEI Number S9-335 2502 Not Applied For Not Applicable
City & State Zip Country	City & State Zip Country	6 CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	/or Director (Florida nonprofit corporations must list at leas	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and for Director 3 (Do NOT Use Post Office Box N	City / State / Zip
P/D DOMALDS REID 1390 GuefBlvd. #1103 CLEARLATER, R. 34630 V.P. DOMALDS. REID Same Same		
100	Same	Same
		Sam C
T/S Donalds. REid Same Same		
		1,00002796451-8
		-06/06/9901093014 ***1200.00 ***1200.00
		Name and Address of New Registered Agent
Name Charles Pell		
AMERILAWYER Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUL Suite, Apt. #, Elo. Suite, Apt. #, Elo. Suite, Apt. #, Elo.		
CORAL GABLES, A. 33/34- Sylparwater State 210 Code 75-5		
10. I have precipted the contract and apply of the phase paged corporation, am familiar with any accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent REGISTARD AGENT MUST SIGN Suite 900 Charles Perry Attorney 1100 Cleveland Street Date MARCH 1999 Date MARCH 1999		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Clearwater FL 33755 (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		
21,169 722 696(22		
SIGNATURE: SIGNATURE: SIGNATURE and type on Printed NAME OF SIGNING OFFICER OR DIRECTOR Donald S. Reid, Pres.		