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APPLICATION	FLORIDA DEPARTMEN	IT OF STATE	•
FOR	Katherine Harris Secretary of State		FILED
REINSTATEMENT	DIVISION OF CORPORATIONS		99 JAN 20 AM 8: 51
DOCUMENT # P97000029092			SECRETARY OF STATE
1. Corporation Name			TALLAHASSEE, FLORIDA
BAP DOLLAR	Inc.		
Principal Place of Business 1113 CStero Blvd	Mailing Address	air suite	A
Ft.myers Beach	Naples Fl. 3		
FL. 33931 # 10	IVAPIES PI. 3	F-151C	TATEMENT 92-99
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable	4. Date Incorporated or Qualified
1113 estero Blud Suite, Apt. #, etc.	Suite, Apt. #, etc.	ey circ	To Do Business in Florida APR:1 1/1997
City & State	City & State	-	5. FEI Number S9-3441287 Applied For And Applicable
Zip Country	viables FL zip Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		tions must list at leas	
Title(s) Name of Officers and/or Directors	Off	eet Address of Each icer and/or Director se Post Office Box No	Clty / State / Zip
		41	
1775/ 50m Beys		ellesky Cic	#7 NADJES FL. 34NG
VP Gus Papaciannis	142 155 SA	nta CLAR	a DR #14 MAGRES FL. 34104
D John Papagian	nis 142 5 64	HA CIAR	A DR HIN MADIES FL. 34/04
3 Q0341 F 13 F 13 F 13 G 14 G	714	1111	
			90027525295 -01/25/9901007007
			****300.00 ****300.00
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
John Beys		Street Address (P.O. Box Number is Not Acceptable)	
John Beys 1720 wellestey Cir #7		1720 Wellesley Cir 45	
NAGRES FL 34116		City #	State Zip Code
10. I, being appointed the registered agent of the above	re named corporation, am familiar wi	th and accept the obl	S FL 34/16 igations of Section 607.0505, F.S.
Signature of Registered Agent Date 1-15-99			
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No No No Intangible tax.)			
12. Logility 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.			
on this application is true and accurate, and my sig		ar ac i maco dipor (
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			
SIGNATURE AND TYPED OR PRINTED WAS OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			