

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30608

1. Corporation Name
L-1011 PARTNERS, INC.

Principal Place of Business Mailing Address
950 S.E. 12TH STREET
HIALEAH, FLORIDA 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

2/8/91

5. FEI Number

65-0242046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOHN J. HIGGINS	950 S.E. 12TH STREET	HIALEAH, FLORIDA 33010
VP	MICHAEL R. HENRICKSON	950 S.E. 12TH STREET	HIALEAH, FLORIDA 33010
T	CHRIS GILLIS	950 S.E. 12TH STREET	HIALEAH, FLORIDA 33010
S	RHONDA S. POLK	950 S.E. 12TH STREET	HIALEAH, FLORIDA 33010

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****900.00 ****900.00

1-14-98

8. Name and Address of Current Registered Agent

NICOLAS FINAZZO
950 S.E. 12TH STREET
HIALEAH, FLORIDA 33010

9. Name and Address of New Registered Agent

Name MICHAEL R. HENRICKSON, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
950 S.E. 12TH STREET
Suite, Apt. #, Etc.
City HIALEAH State FL Zip Code 33010

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 *Michael R. Henrickson*
REGISTERED AGENT MUST SIGN

Date January 9, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(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: *Michael R. Henrickson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98 (305) 889-6224
Date Daytime Phone #

CR2E040 (12/96)