

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

97 JUN 17 AM 5:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S32127

1. Corporation Name

ASTUTE INVESTMENTS CORP.

Principal Place of Business

Mailing Address

7213 Greenville Court
 Orlando, FL 32819

(Same)

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

4. Date Incorporated or Qualified To Do Business in Florida

Feb. 15, 1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650251622

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	John Jelke	1940 N.E. 118th Road	N. Miami, FL 33181
VD	Arthur Susser	7213 Greenville Court	Orlando, FL 32819
SD	Eileen Susser	7213 Greenville Court	Orlando, FL 32819
TD	Kathleen Susser	7213 Greenville Court	Orlando, FL 32819

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent

Arthur Susser
 7213 Greenville Court
 Orlando, FL 32819

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number) 650251622
-06/19/97--01098--007
 Suite, Apt. #, Etc. ***1088.75 ***923.75
 City _____ State FL 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

X A. Susser

REGISTERED AGENT MUST SIGN

Date _____

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: *X A. Susser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CPRE040 (12/96)