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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 FEB 23 AM 10:48

1. Corporation Name

Principal Place of Business

Mailing Address

3711 NORTH OCEAN BLVD
FT LAUDERDALE FL 33308
US

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

05/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number.

Applied For

65-0747739

Not Applicable

Zip

Country

Zip

Country

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)

300003784453--4	-02/28/01--01023--008	*****150.00	*****150.00
300003784453--4	-02/28/01--01023--009	*****150.00	*****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Wagner, John
Street Address (P.O. Box Number is Not Acceptable)
3711 N. Ocean Blvd
Suite, Apt. #, Etc.
City Fort Lauderdale State FL Zip Code 33308

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

J. Wagner *J. Wagner* *J. Wagner* Date *10-10-00*
REGISTERED AGENT MUST SIGN *2-20-01*

11. 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.

AD

SIGNATURE:

J. Wagner
SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-00

Date _____

9545633400

Daytime Phone #

DO NOT REMOVE! 2 of 2

October 16, 2000

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

I am requesting an abatement of the reinstatement fee for my corporation.
I have an accounting service that handles all of my governmental issues.
Somehow the renewal was never received. I am assuming it was lost in the
mail. This has never happened before and I need your help on this one.
Thank you for your consideration.



John Wagner, President