REIN DOCU	PLICATION FOR ISTATEMENT UMENT #	FLORIE 113276	A DEPARTMENT OF STAT Katherine Harris Secretary of State DIVISION OF CORPORATIONS	COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 28 AM 10: 39	
			STREET NORTH SBURG FL 33701	REINSTATEMENT 99	
	addresses are incorrect in a incipal Office Address, If Ap		information and enter correction below. Iling Office Address, If Applicable	4. Date incorporated or Quelified To Do Business in Florida 02/15/1927	
		Sulte, Apt. 1 City & State		5. FEI Number Applied For Applied For	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED Status Section all of Status	
7. Names	and Street Addresses of Ea	ich Officer and/or Director (Fl	orida nonprofit corporations must list at		
Title(s)	Name and/c	of Officers or Directors	Street Address of Er Officer and/or Direc	ach	
<u>р</u>	RHODES, WILLIAM J	<u></u>	3 1005 41ST AVE N	4 ST PETERSBURG FL 33703	
۷	RHODES, LETHA F		635 - 4TH STREET NORTH	ST. PETERSBURG FL 33701	
ST	RHODES, CAROL A		1005-41ST AVE N	ST PETERSBURG FL 33703	
				7000030354875 -11/04/9901080-001 *****750.00 *****750.00	
- <u>,</u> ,	8. Name and Addre	ess of Current Registered Ag	jent	9. Name and Address of New Registered Agent	
RHODES, WILLIAM J				Name Street Address (P.O. Box Number is Not Acceptable)	
	ETERSBURG FL 33703		Suite, Apt. #, E	Suite, Apt. #, Etc.	
		-	City	State Zip Code	
10. 1, being Signature o Registered	I TOLER	lack	poration, am familiar with and accept the	obligations of Section 607.0505, F.S.	
this rein owed b	nstatement application, the by the corporation have bee	reason for dissolution has bee n paid and the names of indiv	in eliminated, the corporate name satisfi	<i>i</i>	
SIGNA		D TYPED OR PRINTED NAME OF		AD 10-10-94 Date Daytime Phone #	