		PLEASE REAL	ALL INS	TRUCTIONS	REFORE	OMPLET	ING THIS FOE	 ≥N.π		
	PLICAT FOR ISTATE	ION	FLORIC	OA DEPARTME Sandra B. Mos Secretary of Secretary of Secretary	NT OF STATE <b>rtham</b> State	APPROVED AND FILED				
DOCUMENT # 346570							98 NOV 23 PM 12: 02			
1. Corpora	ation Name ERDICT	INC:					SECRETARY OF STATE FALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Add 965 NW 7TH STREET ROAD 965 N.W. 7				ress STREET ROAD			) <b>(1818   1818</b>   1818			
MIAM! FL 33136 MIAM! FL : US				136						
If above addresses are incorrect in any way, line through incorrect information and ent							STATEME	NT	98	
New Principal Office Address, If Applicable     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.				ling Office Address, If	Applicable	Date Incorporated or Qualified     To Do Business in Florida     05/13/1969				
City & State City & S				- 		59-1296650 Applied For Not Applicable				
Zip Country Zip			ZIp	Countr	у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Cedifical of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	2	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
PD	TAYLOR, F	RICHARD G.		965 NW 7TH ST RD			MIAMI FL			
S	TAYLOR, 1	HOMAS T.		3310 N.W. 29TH ST.			MIAMI FL			
D	TAYLOR, THOMAS T. 3310 N				0 N.W. 29TH ST 6 MAMPIO 2702326 0 -12/03/9801097008					
D	TAYLOR, RICHARD W 4258 I				58 IDLEBROOK RD			AKRON OH		
D	MAXINE, T	AYLOR		965 N.W. 7TH STREET RD			MIAMI FL			
-							Pe	1 11/25		
	8. Nап	e and Address of Currer	t Registered Age	ent	Name and Address of New Registered Agent     Name					
TAYLO	R,RICHARD	G., ATTY			Name				FOLD GOOD	
965 NW SEVENTTH STREET ROAD						O, Box Number is Not Acceptable)				
MIAMI I	FL 33136				Suite, Apt. #, Etc.					
City							F	State Zip Co	ode	
10. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN										
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tex.)										
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: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNATURE OF DESCRIPTION DES										