| | | San | dra B. Moi | rtham | | | | | |
|---------------|----------|------------|----------------|----------|-------|-----|-------|--------|-------|
| ION | | FLORIDA DI | EPARTME | NT OF ST | TATE | | | | |
| PLEASI | E READ A | LL INSTRU | <u>ICTIONS</u> | BEFOR | RE CO | MPL | ETING | THIS F | FORM. |
| | | | | | | | | | |

APPLICAT FOR REINSTATEMENT



Secretary of State DIVISION OF CORPORATIONS

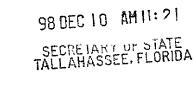
DOCUMENT#

566461

1. Corporation Name

FLORMITENN, INC.

| Principal Place of Business | Mailing Add |
|-----------------------------|---------------|
| minicipal made of business | IVIZILING AGO |



FILED



| | | 3046 S. CON LAKE WORTH | NGRESS AVENUE FH FL 33461 | | | | | | | | |
|---|-------------------------------------|-------------------------------|------------------------------|---|--|--|--|-----------------------------|----------|-------------|--|
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | | | | | |
| New Principal Office Address, If Applicable | | | 3. New Mailir | ing Öffice Address, if Applicable 4. | | | Date Incorporated or Qualified To Do Business in Florida | | | | |
| | | | FLORMI Suite, Apt. #, | ITENN, INC. | | | To Do Business in Florida 02/21/1978 | | | | |
| onie, Apr. | m, 616. | | 902 MC | CCALLIE AVENUE | | | 5. FEI Numbe | _ | | Applied For | |
| City & State City & State | | | City & State | ANOOGA, TN 37403 | | | | 59-1755835 Not Applicable | | | |
| Zip | Country Zip | | | Country | | 6. CERTIFICATE OF STATUS DESIRED (58.75 Additional Fee require 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) | Name of Officers and/or Directors 2 | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number | | | ımbers) | City / State / Zip | | | |
| VSD | WISE, JOSEPH | | | 160 GARDNER ST. | | | CHATTANOOGA TN | | | | |
| PTD | BUSH, STUART B. | | | 902 MCCALLIE AVE. | | | CHATTANOOGA TN | | | | |
| REINSTATEMENT OF 2/1/98 REINSTATEMENT OF STORY | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | 8. Nam | e and Address of Current F | Registered Age | nt | | Name and Address of New Registered Agent Name | | | | | |
| BLACKWOOD, THOMAS B. 3046 S. CONGRESS AVE. LAKE WORTH FL 33461 | | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | | | Code | | |
| 10. I, being | appointed the | e registered agent of the abo | e name t corpo | ration, am fan | niliar wit | h and accept the ob | oligations of Secti | on 607.0505, F.S. | <u> </u> | | |
| Signature of Registered Agent REQUIRED REGISTERED AGENT MUST SIGN Date 1/2/98 | | | | | | | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No | | | | | | | | | | | |

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.

Daytime Phone #