APPLICATION FOR REINSTATEMENT	FOR Sandra B. Mor		NT OF STATE rtham State	7	ING THIS FORM.
DOCUMENT # 631387 1. Corpora of Name					98 NOV 13 PH 3: 32
Principal Place of Business Hailing Address				SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2505. W. 15th St. PANAWACITY PANAWACITY FL 32401 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable Suite, Apt. #, etc.	New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 8(1/79 5. FEI Number Applied For	
City & State Zip Country	City & State Country Zip Country Country		ν	<u>59-1</u>	Not Applicable S8.75 Additional Fee required
Names and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprofit corpora	ations must list at lea		E OF STATUS DESIRED for a Certificate of Status
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip
PRES DAVID W. SWIGLER 1701 DANFORD DE PONDMACITY FL32401					
UP ALAN W. Su					11
TR KATHY R. SWIGLER 1701 DAN			SANFOR	D WE	**
		le.	,		
	 	REINS	TATEN	IENT_	98 15.
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registered Agent
DAVID W. SWIGLER 1701 DANFORD AV. PANAMA CITYIFL			Street Address (P Suite, Apt. #, Etc.	.O. Box Number	####750.00 *###750.00
10. I, being appointed the registered agent of the about	52 ove named corpo	ration, am familiar wi	City th and accept the ob	ligations of Section	State Zip Code FL On 607.0505, F.S.
Signature of Registered Agent Agent MUST SIGN Date 111148					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE					
					

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