	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	1.	
APPLICATION (Y) FLORIDAD			DEPARTMENT OF STATE		AND			
	FOR O(('	•	Sandra B. Mor Secretary of S			FH-CU		
			· ·	SION OF CORPORATIONS		98 MAR 16 AM 10: 23		
DOCUMENT # 673684								
1. Corpolation Name GUYATT SALES AGENCY, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
do 1747 Creation (1940)						••		
Principal Place of Business Mailing Add			ress					
1939 GILBE	RT ST. 02 9	1933 GILBERT ST.						
	ER FL 04640-0520	CLEARWATER FL 34040-0529						
	33745	33765						
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, If Applicable 3. N			. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01/01/1800			
City & State)	City & State			S. T.C. NOMBO	59-2006153	Applied For Not Applicable	
Zip. 7 3	765 Country	Zip 33 76 3 Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional fee required for a Certificate of Status			
	and Street Addresses of Each Officer and/o			tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director City / State / Zip					
PST	GUYATT JR., KENNETH R.	3 (Do NOT Use Post Office Box Numbers) 1933 GILBERT ST.			CLEARWATER, FL COOR 33765			
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, : 4 •						00002462	27797	
						03/20/9801003015 ****585.00 ****585.00		
	REIN					ISTATEMENT 97-98		
					aalan			
							2/11/90	
							710(10	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
QUYATT JR., KENNETH R.								
1933 GILBERT ST.				Street Address (P	ss (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34625 AT SOCIAL			Suite, Apt. #, Etc.		03/20/9801003016 State Zp Code			
Ci				City				
*****315.00 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 Date 11-14-97 REGISTURED AGENT MUST SIGN								
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 filling 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: Just P. Grugot T. 11-14-97 (813) SPI-CHSI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Daytime Phone #								

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