DI EASE BEAD	ALL INSTRUCTION	IS REEORE O	OMPLETING TH	US FORM
APPLICATION FOR AU	FOR ALL Sandra B. M. Secretary of		TOWN LETTING TO	**************************************
DOCUMENT #	690422		FILED	
SOUTH FLORIDA VAN LINESING		0-211103		-4 PM 2: 02
Principal Place of Business 2605 WEST 6 ave.	Mailing Address	w98-3463		TARY OF STATE Assee, Florida
Hialean FL. 33010		!	REINSTAT	EMENTALL 9 CH
If above addresses are incorrect in any way, line through incorrect information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				
6931 N.W 77 Tr.	31 N.W 77 Tr. SAME AS 2		Date Incorporated or Q To Do Business in Flori	
Suite, Apt. #, etc.			5. FEI Number	Applied For
City & State Medicy FL.	City & State		59 -21 00230	Not Applicable
Zip 33166 Country	Zip Co	untry	CERTIFICATE OF STATUS	S DESIRED 38.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit cor	porations must list at lea Street Address of Each		
Title(s) and/or Directors	3 (Do NO	Officer and/or Director T Use Post Office Box N	•	City / State / Zip
P/D Fransico Gamayo		231 W 36 st.		1eah FL. 3.5012
Vr/D = rdis-Gamayo	1750 W	1750 W 46 st. apt 320 Hialeah FL. 33012		Ieah FL. 33012
ST/D Hilda Gamayo	231 W	23 ¹ W 36 st.		leah FL. 33012
			 	1025163983 05/07/9801134003 ***1350.00 ***1350.00
				1025163983 05/07/9801134004 ******8.75_******8.75_
8. Name and Address of Current Registered Agent Name			9. Name and Address of	New Registered Agent
Fransico Gamayo . 231 W 36 st	Street Address (F	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
Hialeah FL. 33012				
		City		
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 Agent Date Date				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (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 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: JE aurage Date Date Date Dayline Phone #				

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