LEASE READ A	ALC INIST BITCH (AR. 2)	elean si pelitar di cia di letti.	NG 1Hlaron
APPLICATION FLORIDA DEPARTMENT OF STATE			A Company of the Comp
PEINSTATEMENT	Katherine Ha Secretary of St		FILED
REINSTATEMENT 11 100000	DIVISION OF CORPOR	ATIONS	
DOCUMENT # 103297 1. Corporation Name		İ	99 SEP 13 PM 3: 34
East Palatka Uol. Fire 108600 20408			A SHARE PLANE
Principal Place of Business Mailing Address 0 0. 6 x 522			
/ 8 / / / / / / / / / / / / / / / / / /			. 0
Lois Broev Rd.	E. 1. 1. 321	3/ DEING	TATERSENIT OLO MO
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ugh incorrect information and enter of 3. New Mailing Office Address, If A		orated or Qualified ness in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Pec. 1, 1961
City & State	City & State	5. FEI Number	64/660/76 Not Applicable
Zip Conntry	Zip Country	6. CERTIFICATI	E OF STATUS DESIRED TO State A relationary for the property of the states.
7. Names and Street Addresses of Each Officer and/o			
Title(s) Name of Officers and/or Directors	Offic	at Address of Each er and/or Director Post Office Box Numbers)	City / State / Zip
P/O David Morgan	202 T	Innu St	E. P. Lithy F1. 3231
S/A Hyry Lines	123 R	Jerts Blud	E. R. L. 182131
T/D Charles Collins	248 U	248 Walton Rd E- Polithy Fl 32131	
ull O Booker Knowles 360		trun Co. BIUD.	E. Paletha F1. 32171
C/O Larry Morgan 308 0		which St.	E. Palathy Fl. 3213)
M/O Mike Minor	142 F	ern St.	San Mates F1. 32188
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name			
David Moryan Street Address (P.O. Box Number is Not Acceptable)			
Puvid Morgan 202 Tilmun St E, Rlutky Fl 32	171	Suite, Apt. #, Etc.	is Not Acceptable) 100029883456 -09/15/9901101008 ******420.00 *****420.00 State Zip Code
City City State Zip Code FL 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 REGISTERED AGENT MUST SIGN Date 8-27-99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No No No No 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 PRIN	David Mo	34n RECTOR	8-27-99 904-328-4427 Date Daytime Phone #