	PLEASE READ A					NG THIS FORM.	σ 10 Γ
	PLICATION FOR	FLORIDA	A DEPARTME Katherine H Cretary of S			APPHOVEL	Min
REINS	STATEMENT	2 () (2)	VISION OF CORPO	RATIONS	. (00 NOV -3 AM 9: 13	
OOCL . Corporat	JMENT # 70560)3				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE R T, INC	AVENSWOOD-GRIFFIN	VOLUNT	EER FIRE [DEPARTME		TALLAMASSEE, FLORIDA	
Principal Pla	ace of Business	Mailing Addre	ess] '		ATRIL BIRLI BIRLI 188)
	LE HARBOR LANE RDALE FL 33312	HARBOR LANE DALE FL 33312					
If above addresses are incorrect in any way, line through incorrect informat. New Principal Office Address, If Applicable 3. New Mailing Office					Date Incorpor To Do Busin	orated or Qualified pess in Florida	MXXIJ
Suite, Apt. #	t, etc.	Suite, Apt. #,	etc.		5. FEI Number	05/15/	Applied For
City & State City & State					6.	59-1544066	Not Applicable
Zip	Country	Zip	Count	ry			itional Fee required rtificate of Status
'. Names a	and Street Addresses of Each Officer and/	or Director (Flo		rations must list at lea			
Title(s)	itle(s) Name of Officers and/or Directors 2			fficer and/or Director		City / State / Zij	·
PD	PHILLIPS, STEPHEN L		3101 SW 16TH ST			FT. LAUDERDALE FL 33312	
SD	GAUTHIER, WESS		7172 SPORTSMAN DR.			N. LAUDERDALE FL 33068	
TD	STACK, KATHERINE		2449 WHALE HARBOR LN.			FT. LAUDERDALE FL 33312	
TD	TD STACK, KATHERINE			HARBOR LN		FT LAUDERDALE FL 33312	
D	D COCHRAN, WAYNE			ST		FT LAUDERDALE, FL 0	
D	RIMAVICUS, PAUL			O AVE		FT LAUDERDALE, FL 00000	
	8. Name and Address of Current	Registered Ago	ent	Name	9. Name and A	Address of New Registered Agent	
PHILL	ips, stephens L				P.O. Box Number	is Not Acceptable)	
	SW-16 ST AUDERDALE FL 33312	· · <u>=</u>		Suite, Apt. #, Etc.			
11. 0	AUDENDALE TE SOUTE			City	<u></u>	State Zip	Çode A A
Signature o		ve named corp	PERM	with and accept the c	obligations of Secti	ion 607.0505, F.S.	
Registered	7190711	GISTERED AC	ENT MUST SIGN	<u> </u>		Date	X /
							. / `

11. 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:

SEPHEN LIFE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//-01-00 Date

Daytime Phone #

	PLEA	SE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	n., Pa.20
APF	PLICATION , POR			A DEPARTMEN Katherine Ha Secretary of S	NT OF STATE arris	Chook-	# 1091 Ca	red on 8-300
REIN	STATEMEN [®]	T 💮	, D <u>i</u>	VISION OF CORPOR	•	IMAG	sentamoli	ce to sign
OCUMENT # 705603 Corporation Name						in earl	y sept. d.	agred it and
THE F	AVENSWOO	D-GRIFFIN		·	EPARTME	recons	tenent fle	classe pag s Hark you.
rincipal Pi	ace of Business		Mailing Addr	ess		LARSHI MI	Bir abibi bilib diki dula kili dibi	// Handali memili memili debih debih dalah anda
				E HARBOR LANE IDALE FL 33312			HANNE STADA	L. Pli Wies
	ddresses are incorrect ncipal Office Address, I			nformation and entering Office Address, If		4. Date Incorp	orated or Qualified	30 min sign
uite, Apt. #, etc. Suite. Apt. #			Suite, Apt. #	etc.		To Do Business in Florida		05/15/1963
ity & State	<u> </u>		City & State			5. FEI Number	59-1544066	Applied For Not Applicable
ip	Countr	у	Zip	Countr	γ	6. CERTIFICATI		\$8.75° Additional Fee required for a Certificate of Status
. Names	and Street Addresses of	of Each Officer and	/or Director (Fig	rida nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3			City 4	/ State / Zip
PD	PHILLIPS, STEPHEN L		3101 SW 16TH ST			FT. LAUDERDALE FL 33312		
SD	GAUTHIER, WESS			7172 SPORTSMAN DR.			N. LAUDERDALE FL 33068	
TD	STACK, KATHERINE			2449 WHALE HARBOR LN.			FT. LAUDERDALE FL 33312	
TD	STACK, KATHERINE			2449 WHALE HARBOR LN			FT LAUDERDALE FL 33312	
D	COCHRAN, WAYNE			414 SW 7TH ST		FT LAUDERDALE, FL 0		
D	RIMAVICUS, PAUL			4649 SW 32ND AVE			FT LAUDERDALE, FL 00000	
	8. Name and A	ddress of Curren	t Registered Ag	ent	Name	9. Name and	Address of New Register	ed Agent
DLIII	Lips, stephens L	•				50 2. V		
	SW 16 ST						r is Not Acceptable)	
FT. LAUDERDALE FL 33312			, .	Suite, Apt. #. Etc.				
	·				City		F	State Zip Code
10. 1, bein Signature o	g appointed the registe	red agent of the at	ove named corp	oration, am familiar v	with and accept the o	gations of Sec	tion 607.0505. F.S.	
Registered			CCISTERED A	SENT MUST SIGN			Date	

11. 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:

SUPL PHULE STEPHEN L. PHULIPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//-01-05

Daytime Phone #