	PLEAS	E READ A	ALL INST	RUCTIC	ONS BEFORE C	OMPLETI	ING THIS FORM.			
* • 1	LICATION FÖR TATEMENT			Sandra B Secretar	TMENT OF STATE . Mortham y of State ORPORATIONS		1			
DOCUN 1. Corporation Principal Place	MENT # F Name FW G 95655 of Business	20689 PR W 500 L SIR	SPERTA APLE 1 (NGS / Mailing	TES + RD 5 PL 3 Address	TNC. 1204 13065	SEC TALL	EB 27 AM II: 59 RETARY OF STATE AHASSEE FLORIDA			
2 New Princip Suite, Apt. #, e City & State		ugh incorrect ir 3. New Maili Suite, Apt. #, City & State	gh incorrect information and enter correction below. 3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State		REINSTATEMENT DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CENTRICATE OF PAYMER PROPERS M \$8.75. Additional Fee requires			t Applicable		
Zip .	Country		Zip		Country corporations must list at lea			or a Certificate		
PARS	and/o	DALIS		9365	Street Address of Each Officer and/or Director NOT Use Post Office Box N W. SHMP219 L SPRINGS, F	lumbers) LRP L33015	CORAN SPAING CORAN	リ, 行 5 40 -	9 01	
8. Name and Address of Current Registered Agent 9365 W. SAMPLE ROND CORNEL SIRINGS H. 33068 10. I, being appointed the registered agent of the above named corporation arm familiar with the composition arm fa					Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL				
Signature of Registered Agri	s this corpora t. of Revenue	tion pay a under S.	ny intang 199.032,	pible tax Florida	to the	X No [Date 2 2	le for informatingible tax.)	ion	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee appowered 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., and that all fees owed by the corporation have been paid. 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:

SIGNING OFFICER OR DIRECTOR

	PLEASE	READ A	LL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	1.	
APPLICATION FOR REINSTATEMENT			FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO		tham State	TE			
DOCUME 1. Corporation Name Principal Place of Bu	NT # { 2 FW 6 9565 W CORD-	10689 PRO SAN SIRI	SPERTI NOS / Mailing	RD SHE RD 330 Address	VC. 204 65	97 FEB 27 AM II: 59 SECRETARY OF STATE TALLAHASSEE FLORIDA			
·	_	SAM			REINSTATEMENT				
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailie Suite, Apt. #, etc. Suite, Apt. #, etc. City & State.				ing Address, If Applicable		To Do Busin 5. FEI Number	21898	SPACE 95-97 Applied Fo	
Z _i p	Country		Zıp	Countr	у	6. CERTIFICATE	OF STATUS DESIRED X	8.75 Additional Fee req for a Certificate of Stat	
Title(s) 2	Name of Officer and/or Directors and/or Directors WALLACE DALE		3 (DO NOT) 9365 h		rations must list at least 3 directors) freet Address of Each Micer and/or Director Jse Post Office Box Numbers) J. SHMPLIF RP SPRINGS, FC 33063		CORM SPAINGS, FZ 330		
						00	0002101 -02/28/97(***1088.78	540 5 01117001 ***1088.75	
8	Name and Addres	s of Current R	egistered Age	nl		9. Name and A	ddress of New Registered	d Agent	
	LACEDY				Name Street Address (F	P.O. Box Number	is Not Acceptable)	180-1-19-1-19-19-19-19-19-19-19-19-19-19-19	
9365 W. SAMPLE ROAD CORAL SPRINGS H. 33065					Suite, Apt. #, Etc.	,	Sta	te Zip Code	
10. I, being appointe Signature of Registered Agent			·		ith and accept the ol	bligations of Section	on 607.0505, F.S. Date 2 /2	,	

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee expowered 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., and that all fees owed by the corporation have been paid. 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 Date

(914) 753 8206