

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

[illegible]

EI Number	59-2331722	Applied For
		Not Applicable

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**10. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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CITY- ST- ZIP		

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4/03/00 954-421-0074

CH2E034 (9/99)