PLEASE READ ALL	INSTRUCTIONS BEF	ORE COMPLETING THIS FORM.
	ORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	STATE
DOCUMENT # F91619		97 JAN -2 AM 9: 13
STEPHEN COVERT, P.A.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
900 <u>-EAST-INDIANTOWN ROAD</u> 90 #2TU>	ing Address EAST INDIANTOWN ROAD PITER FL 98477	REINSTATEMENT O
If above addresses are incorrect in any way, line through in 2. New Principal Office Address. If Applicable 3. New Principal Office Address.	correct information and enter correction lew Mailing Office Address, if Applicabl	
Suite, Apr. is etc. Suite 3 0 3 Oity & State	e, Apt. #, etc. & State	5. FEI Number 59-2209318 Applied For
Now A PRIM BEAL, TI	Country	6. S8.75 Additional fee required for a certificate of Status
7. Names and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations mu	st list at least 3 directors)
Title(s) Name of Officers and/or Directors	Street Addre Officer and/ 3 (Do NOT Use Post C	ess of Each for Director City / State / Zip office Box Numbers) 4
PTSD COVERT, STEPHEN	146 HAMPTON PLACE	JUPITER FL 33458
8. Name and Address of Current Registe	ered Agent	9. Name and Address of New Registered Agent
COVERT STEPHEN Street Address (P.O. Box Number is Not Acceptable)		
900 EAST INDIAN TOWN ROAD #210 Suite for rests		0 4.5- ONE
-JUPITER FL 33477		
10. I, being appointed the registered agent of the above names corporation, and familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date 20/13/96 REGISTERED AGENT MUST SIGN		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		