PLEASE READ ALL	INSTRUCTIONS E	<u>BEFORE C</u> C	MPLETING THIS FO	ORM.	
APPLICATION FOR REINSTATEMENT			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
DOCUMENT # F9500002417 1. Corporation Name			97 OCT 28 PH 4: 20		
SOUDACINICAL ENC			Ac 10/29		
	ing Address				
10965 GAANADA LANE, Shito 101 Overland Park KS 662-11			NRSTATEN	97	
If above addresses are incorrect in any way, line through incorrect information and enter cor 2. New Principal Office Address, If Applicable 1.09U5 Fleav AOA LWE Suite, Apt. #, etc.		pplicable 2	4. Date Incorporated or Qualified To Do Business in Florida		
Suite 101 City State	City & State OUDCLAND PARK 15		5. FEI Number 481050474	,	
Zip Country Zip	Country	Country CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Direct Title(s) Name of Officers 1 2	Stree	ons must list at least et Address of Each er and/or Director Post Office Box Nun		City / State / Zip	
PLCS ARNOID ENIDERAS BOB S. Southlake Hollywa	AFA 33019				
1 pars. STAN Dloom (asto High land)		(1110	olathe	165 66061	
		cean dug	Bois Reter	KS 66061 170 33451 Mo 64050	
Scartary Thomas Hopent	3600 N 1	Plasa AT	In Oop	Mo 64050	
			# # # # # # # # # # # # # # #	380251 9701082017 1.00 *****750.00	
B. Name and Address of Current Registered Agent 9. Name and Address of Name					
Street Address (P.O. <u>9101</u> Suite, Apt. #, Etc.			Blocm Box Number is Not Acceptable) OCFAN RIVA	страния С. С. 25 С. 25	
10. I, being appointed the registered agent of the above name	ed corporation, am familiar with	City Boc A RA To and accept the oblig	ations of Section 607.0505, F.S.	State Zip Code FL 3343 /	
Signature of Registered Agent REGISTER	RED AGENT MUST SIGN		Date _ 10/3	רפורי	
 Does this corporation pay any ir Dept. of Revenue under S. 199. 	ntangible tax to the 032, Florida Statut	es. Yes		other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receiver or tri this reinstatement application, the reason for dissolution h owed by the corporation have been paid and the names o on this application is true and accurate, and my signature	as been eliminated, the corpora of individuals listed on this form	te name satisfies the do not qualify for an	requirements of section 607.0401 (exemption under section 119.07(3))	or 617.0401, F.S., that all fees	
SIGNATURE:	AME OF SIGNING OFFICER OR DIP	RECTOR	10/201/95 Date	913-780- 3170 Daylime Phone #	

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