	PLEASE READ		PUCTIONS				1		
APF	PLICATION FOR	A DEPARTMEN Katherine Ha	NT OF STATE arris	1					
			Secretary of State		FILED				
DOCUMENT # F9500004689					99 DEC 30 PM 4: 19				
GOLDEN COAST MANAGEMENT SERVICES, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
 A set of a set of					G		IIDA		
Principal Place of Business Mailing							40()) 0(0)0 0)(0) (0)(0 0)(0)		
5802 WRIGHT DR 5802 WRIG LOVELAND CO 80538 LOVELAND									
USUS					REINSTATEMENT 1999				
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, If Applicable 3. N			incorrect information and enter correction below. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified			
Suite, Apt. #	¥, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			09/26/1995			
City & State C		City & State	City & State		5. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country	γ	6. CERTIFICATE		3.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and/	Dr Director (Flor							
Title(s) 1			Street Address of Each Officer and/or Director			City / State / Zip			
CEOP	HITZ, STEVEN A		1309 HEPPLEWHITE CT			FT COLLINS CO 80526			
V	HITZ, GINGER L		1309 HEPPLEWHITE CT		FT COLLINS CO 80526				
V	KOVACH, JON C		631 AGAPE WAY		FT COLLINS CO 80524				
V	GARRETT, GLONDA A		5215 FOX HILLS DR			FT COLLINS CO 80526			
VP	THOMPSON, RICHARD		7876 HATHAWAY LN			FT COLLINS CO			
D	Goldberg, Steven H		2961 GARRETT DR			FT COLLINS CO			
8. Name and Address of Current Registered Agent Nar				Name	9. Name and Address of New Registered Agent				
SIEBERT, RANDALL J				Street Address (F	P.O. Box Number	- 01,420,400- is Not Acceptable) (50,0	-0101-1011 0 ****/50.00	CR2E040 (8/99)	
	GULF BLVD RA BCH FL 33708		Suite, Apt. #, Etc.				CR2E		
		City			State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with an					nd accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent Report Agent Date 11/13/99									
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									