PLEASE REAL	ALL INSTRUCTIONS	S BEFORE COMPL	LETING THIS FORM.
APPLICATION FOR QU REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPC	ortham Otake	FILED
DOCUMENT #	6560	40 975	DEC 15 AM 10: 37
1. Corporation Name CINHIGALUNS KA Principal Pidce of Business	1 2 ne		RETARY OF STATE AHASSEE. FLORIDA
Jacksonville, FI 32210	, Same		NSTATEMENT96-97
If above addresses are incorrect in any way, line to 2. New Principal Office Address, If Applicable	New Malling Office Address, I	If Applicable 4. Date	Incorporated or Qualified Open Susiness in Florida
Suite, Apt. #, etc. Suite, Apt. #, etc.		Applicable 4. Date Incorporated or Qualified To Do Business in Florida 6 1 2 3 4 5 4 5 4 5 4 5 4 5 5 4 5 5 6 5 6 6 6 6	
City & State	City & State	59	- 2187279 Not Applica
Zip Country	Zip Count	tne	SB.75 Additional Fee required for a Certificate of State
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors	SI	rations must list at least 3 directo freet Address of Each officer and/or Director Jse Post Office Box Numbers)	City / State / Zip
			900002374569 -12/17/9701037010 *****915.00 *****915.0
8. Name and Address of Curren	nt Registered Agent		and Address of New Registered Agent
Doud M Lynske.	4	Name Street Address (P.O. Box Nu	rober is Not Acceptable)
Pow M Lynskey 310 Marsh Pt. Cir. St Draysting El 3204 10.1 being appointed the redistried agent of the above named compration am familiar w		Suite, Apt. #, Etc.	
St Dygustino 10. I, being appointed the registered agent of the at	C) 3284 bove named corporation, am familiar w	City with and accept the obligations of	State FL Zip Code FL Section 607.0505, F.S.
Signature of Registered Agent Jawa M	PLOTS TETTED AGENT MUST SIGN		Date 8-13-97
 Does this corporation pay Dept. of Revenue under S 	any intangible tax to the	ne autes. Yes 🔲 N	(See other side for information on intengible tex.)
	. 199.032, Florida Stat		
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my s	eiver or trustee empowered to execute solution has been eliminated, the corpo e names of individuals listed on this for	orate name satisfies the requiren rm do not qualify for an exemptio	in chapter 607 or 617, F.S. I further certify that when filing ments of section 607.0401 or 617.0401, F.S., that all fees on under section 119.07(3)(i), F.S. The information indicate