APPLICATION FOR 3.7 PRINTS AND ADDRESS STATE SANDER SOCIETARY OF STATE SANDERS AND DONORMAN STATE SANDERS AND MAINTER PARK, FL. PROTOPORATION NAME TO PROPERTY OF STATE SANDERS AND MAINTER PARK, FL. PROTOPORATION NAME TO PROPERTY OF STATE SANDERS AND MAINTER PARK, FL. PROTOPORATION NAME TO PROPERTY OF STATE SANDERS FLORIDA ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrect information and order correction below. ### Above addresses are incorrect in any way, the through incorrection of control to the correction below. ### Above addresses are incorrect in any way, the through incorrection below. ### Above addresses are incorrect in any way, the through incorrection below. ### Above addresses are incorrect in any way, the through incorrect in any way, the through incorrection below. ### Above addresses are incorrect in any way, the through incorrect in any way, the through incorrect in any way, the through incorrect in a	• PLEASE READ	ALL INSTRUCTIONS	BEFORE (COMPLETI	ING THIS FORM.	\$983.75	
DOCUMENT # HYGUS 1. Corporation Name T. P. HENRY, INC. Making Address Do. Box 3766 WINTER PARK, FL. WINTER PARK, FL. 32.790 If above addresses are incorrect in my way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable Do. Box 3766 Store Address, If Applicable Do. Box 3766 Store Address, If Applicable Do. Box 3766 Store Address of Course, Park FL. County Thomas defined Address of Earl Officer endor Director (Florida nonprofit corporations must list at least 3 directors) Store Address of Earl Officers Thomas Henry Box Knowles AVE WINTER PARK, FL. 200 KNOWLES AVE WINTER PARK, FL. 2170 Color Thomas Henry Breat Address of Current Registered Agent Name Street Address (FO. Box Nagret) 107 200 200 200 200 200 200 200 200 200 2	APPLICATION FQR93-97	FLORIDA DEPARTME Sandra B. Mor Secretary of S	NT OF STATE rtham State	T	APPROVED FILED		
300 KNOWLES AVE WINTER PARK, FL. 32790 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address, If Applicable 200 KHOWLES AVE 3. New Mailing Address of Current Registered Agent 3. New Mailing Address of New Mailing Address of New Mailing Address of New Mailing Address of New Mailing Addr	1 Compression Name				,		
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THOMAS HENRY 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent THOMAS HENRY 8. Name and Address of Current Registered Agent THOMAS HENRY 8. Name and Address of Current Registered Agent THOMAS HENRY Street Address (P.O. Box Name and Address of New Registered Agent) 8. Name and Address of Current Registered Agent THOMAS HENRY Street Address (P.O. Box Name and Address of New Registered Agent) Name Street Address (P.O. Box Name and Address of New Registered Agent) Name Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent) Name Only Street Address (P.O. Box Name and Address of New Registered Agent)	2. New Principal Office Address, If Applicable 300 KNOWLES AVE Suite, Apt. #, etc. City & State WINTEK PARK, FL. Zip 32790 Country ORANGE	3. New Mailing Address, If Applic P.O. Box 376 Suite, Apl. #, etc. City & State WINTEX PARK, Zip Countral Cou	FL.	5. FEI Number 599 - 20 6. CERTIFICATE	prated or Qualified less in Florida 1985 500533	Applied For Not Applicable Additional Fee regulard	
REINSTATEMENT 93-97 REINSTATE	Name of Officers Street Address of Eac Title(s) and/or Directors Officer and/or Director			City / State / Zip			
THOMAS HENRY Street Address (P.O. Box Nontrol of Acceptables 72315-2 Suite, Apr. #, Etc. ###1410.00 ###1410.00 City State FL Zip Code 10. 1, being appointed the registrated again of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent - 1, August 1. State PL Zip Code PL Zi	/				_	, FL. 32790 73-97	
THOMAS HENRY Street Address (P.O. Box Nontrol 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Name and Address of Current R	egistered Agent		9. Name and A	ddress of New Registered Age	8/18/97	
Signature of Registered Agent - 17, 1044	THOMAS HENRY 300 KNOWLES AVE WINTER PARK, PL.	Name Street Address (P.O. Box Name 1/9/4/captable) 7 2 3 1 9 2 9/20/97 01069 010 Suite, Apt. #, Etc. *** 1410.00 *** 1410.00 City State Zip Code					
	Signature of Registered Agent	GISTERED AGENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·			!	
 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director if 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 for teaton for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all feets owed by the corporation have given paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made 	Dept. of Revenue under S. 1 12. I do hereby certify that the information supplied with lease the Division of Corporations front any liability.	199.032, Florida Statu	and does not qualify	for the exemption	on intangib	le tax.) Florida Statutes. I re-	

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