APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN  Katherine Ha  Secretary of S  DIVISION OF CORPOR	AFF(OV. 0
DOCUMENT # H60U1	01	99 FEB 12 AM 10: 1:4
D. TOFFEL, I	NC,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
P.O. BOX 7442 JUDITER, FL. 33468.7	1442	REINSTATEMENT <u>96-99</u>
If above addresses are incorrect in any way, line thro  New Principal Office Address, If Applicable	ough incorrect information and enter of 3. New Mailing Office Address, If A	Applicable 4. Date Incorporated or Qualified
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc	5. FEI Number Applied For
Zip Country	Zip Country	6
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprolit corporal	
Secrept DON TOFFEL PROSIDENT OLITA TOFFEL	17736 12	TUPITER, FL. 33478  TUPITER, FL. 33478  1000027781912 -02/17/9901057020 ***1358.75 ***1358.75
8. Name and Address of Current F	Registered Agent	9. Name and Address of New Registered Agent Name
DON TOFFEL 17736 123, TERR. N. JUDITER, FL. 33478		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Recistered Agent		
REGISTERED AGENT MUST SIGN		
*11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No   (See of the Acide for information on intangible tax.)		
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: DON J. TOFFEL 2-10.98 (561) DON J. TOFFEL 2-10.98 744.2989 Daytime Phone #		