			* Committee of the comm
PLEAS	E READ A	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris	FILED
REINSTATEMENT		Secretary of State DIVISION OF CORPORATIONS	99 DEC 13 PM 1:36

SECRETARY OF STATE

DOCUMENT	#

H73528

1. Corporation Name

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м	w	IVI	_ '		u	п	Г.

Principal Place of Business

Mailing Address

295 MA

PHILIP L. BRAWNER 50 S.W. 27TH AVENUE JIMI FL 33133	% PHILIP L. BRAWNER 2860 S.W. 27TH AVENUE MAIM! FL 33133	REINSTATEMENT O				
above addresses are incorrect in any v	yay, line through incorrect information and enter correction below.	KEIN9 I VIEW	ENI Q		ļ	
New Principal Office Address, If Applica	3. New Mailing Office Address, If Applicable	Date incorporated or Qualified To Do Business in Florida		,		

If above a	ddresses are	incorrect in any way, line	through incorrec	t information and	l enter correction below.		19 I V I EIME	III OPL
New Principal Office Address, If Applicable 3. New Ma		iling Office Address, If Applicable		Date incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Numbe	08/28/198			
City & State City & St		City & Stat			U. FEFRUINDS	Applied For Not Applicable		
Zip		Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED 🔀	5 Additional Fee required in a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (F	lorida nonprofit	corporations must list at le	east 3 directors)		
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo	ph .	City / St	ste / Zip
PD	SCHIROW, GERD H.R.			612 GOLD	612 GOLDEN BEACH DRIVE		GOLDEN BEACH FL	
S	S BRAWNER, PHILIP			2950 S.W. 27TH AVE.		MAMI FL		
VP	VP SCHUSTER, JENS			612 GOLDEN BEACH DRIVE			GOLDEN BEACH FL	
						70	10003078 -12/22/99 0	2174 1070-024
						7 20	****750.00	****750.00
							-12/22/990	
							******8.75	*****8.75
	8. Nam	e and Address of Curre	nt Registered A	gent		9. Name and A	Address of New Registered A	gent
				:	Name			
	NER, PHILIP S.W. 27TH A	- :			Street Address ((P.O. Box Number	is Not Acceptable)	"i
210 G	ROVE PROF	ESSIONAL BLDG.			Sulte, Apt. #, Etc	C.		
	FL 33133	18.0.2			City		State FL	Zip Code
10. I, being Signature o Registered	f /	Philip L	, 05	poration, am fan QUUN GENT MUST SI	nillar with and accept the c	obligations of Secti	on 607.0505, F.S. Date Decem	les 10,1999

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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/10/99