PLEASE READ	ALL INSTRUC	TIONS BEFORE	COMPLET	ING THIS FORM.		
APPLICATION FOR	FLORIDA DEF	ARTMENT OF STATE erine Harris			,	
Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS			Party I Late Cont.			
DOCUMENT # H 90680				70 TO 10 TO		
Corporation Name				99 OCT 12 AM 10: 35		
77 103 740				SECRETARY OF STATE TACLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				TALLIAHASSEE. FLORIDA		
Principal Place of Business Mailing Address 5970-D Jug RD. LAKE WORTH, FL 33467-6509						
E LAKE WORTH, FC 33467-6509						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable			4 Data Incorn	oroted or Qualified		
uite, Apt. #, etc. Suite, Apt. #, etc.		, ridardos, ii r ppinadoro	Date Incorporated or Qualified To Do Business in Florida 12/19/85			
City & State	City & State		5. FEI Number	9-2623098	Applied For Not Applicable	
Zip Country	Zip	Country			ditional Fee required entitionate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Florida nonp					
Title(s) and/or Directors (Street Address of Eac Officer and/or Directo (Do NOT Use Post Office Box	City / State / Zip			
Plo PETER F. FOX	Spo	10-D Jug R		lass / here se	334/7/50	
TEICH I. FOX	397	0-13 Joy R	QAO	LAKE WORM, FL	<u> </u>	
			10	000302572	15	
		-10/26/9901074018 ***1983.75 ***1983.75				
RESTRICTION						
	医液剂性外 类	35. (5)		- 7 8		
8. Name and Address of Current Registered Agent 9. Name				Address of New Registered Agent		
Name			8			
PETEL F. FOX Street Address (P.C. S970-D Jog ROAD Suite, Apt. #, Etc.				is Not Acceptable)	CPZE061 (12/	
LAKE WORTH FY 33467-6509						
City				FL	Code	
10. I, being appointed the registered agent of the alloye named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Projectional Accept						
Registered Agent	EGISTERED AGENT MU	ST SIGN		Date 70 0 7		
11. This corporation owes the Intangible Personal Prope		ne 30. Yes	Ø No □	(See other side for in on intangible t		
12. I certify that I am an officer or director or the rece this reinstatement application, the reason left dis- owed by the corporation have been paid and the on this application is true and accurate, and thus	her or trustee empowered flution has been eliminate hames of individuals liste gnature shall have the sa	d to execute this application as a ed, the corporate name satisfies d on this form do not qualify for me legal effect as if made unde	provided for in cha s the requirements r an exemption und or oath.	pter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F. fer section 119.07(3)(i), F.S. The inf	that when filing S., that all fees formation indicated	
MAN MAN				10-8-89		
SIGNATURE: SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING C	OFFICER OR DIRECTOR		Date Daytime F	hone #	