APPLICATION 7				OMPLETING THISPROPED
FOR93 ^M B	FLORI	DA DEPARTMENT Sandra B. Mortha		AND FILED
REINSTATEMENT		Secretary of Sta	te	1997 FEB 21 AN 12: 20
NEWSTATEMENT		DIVISION OF CORPORAT	TIONS	, , , , , , , , , , , , , , , , , , ,
DOCUMENT #JZ 1. Corporation Name STENGAR TIL	1000 E + MARBA	E INC.		SECRETARY OF STATE TALLAHASSEE.FLORIDA
Q. U. S.				
Principal Place of Business 3000 HIGH RIDGE I		ng Address		•
BOYNTON BEACH, P	2 3312	6		
If above addresses are incorrect in any w	ay, line through incorrec	t information and enter corr		DO NOT WRITE IN THIS SPACE
New Principal Office Address, If Applica	ble 3. New Ma	ailing Address, If Applicable	3	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & Stat	e	1	59-2706755 Not Applicab
Zip Country	Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requi
7. Names and Street Addresses of Each C				
Title(s) Name of O and/or Dire		Officer	Address of Each and/or Director	City / State / Zip
1 2		777 NW	Post Office Box N	lumbers) 4
			REII	NSTATEMENT BARRENT
				4000020963548
				-02/25/9701039008 ***1418.75 ***1418.75
8. Name and Address of	Current Registered A	aent		9. Name and Address of New Registered Agent
		~	Name	
		<u> </u>		O. Box Number is Not Acceptable)
			777 / Suite, Apt. #, Etc.	VW TH ST
			ity OELRAY	BRACH State Zip Code FL 334444
10. I, being appointed the registered agent	of the above named co		DELRAY	BRACH FL 334N4
Signature of	of the above named co		DELRAY	SKACH FL 33444 Sligations of Section 607.0505, F.S. 121.0161
10. I, being appointed the registered agent Signature of Registered Agent	The state of the s		DELRAY	BRACH FL 334N4
Signature of	REGISTERED A	goration, am familiar with a	OFLEM4 and accept the ob	FL 334114 Strack FL 334114 Date 12/10/96
Signature of Registered Agent 11. Does this corporation Dept. of Revenue und 12. I do hereby certify that the information lease the Division of Corporations from certify that I am an officer or director of this reinstatement application the reasfees owed by the corporation have be	negistered and pay any intar der S. 199.032 supplied with this filing in any liability of non-come the receiver or trustee or for dissolution has be	agent Must sign agible tax to the 2, Florida Statute is voluntarily furnished and pliance with Section 119.07 empowered to execute the corrected and significant	es. Yes does not qualify (3)(k) in the ever sapplication as a site in an existing the name assisting the na	bigations of Section 607.0505, F.S. Date /2/10/96 No (See other side for information on intangible tax.) for the exemption stated in Section 119.07(3)(k), Florida Statutes. I refer that the information supplied is deemed exempt from public access provided for in chapter 607 or 617, F.S. I further certify that when fill in the result promote of section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the section 807 (401) at 5.5 and the left of the result promote of section 807 (401) at 5.5 and the left of the section 807 (4
Signature of Registered Agent 11. Does this corporation Dept. of Revenue und 12. I do hereby certify that the information lease the Division of Corporations from certify that I am an officer or director of bits registatemed application the reas	REGISTERED A PAY ANY INTERPOLATION OF THE PROPERTY OF THE PAY AND	agent Must sign agible tax to the 2, Florida Statute is voluntarily furnished and pliance with Section 119.07 empowered to execute the corrected and significant	es. Yes does not qualify (3)(k) in the ever sapplication as a site in an existing the name assisting the na	FL 334/14 Signations of Section 607.0505, F.S. Date /2/10/96