

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J71762**

1. Corporation Name  
**AUTHORIZED MANAGEMENT, INC.**

**FILED**  
97 FEB 18 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~14802 N DALE MABRY~~ ~~STE 100~~ ~~TAMPA FL 33618~~ ~~US~~  
~~14802 N DALE MABRY~~ ~~STE 100~~ ~~TAMPA FL 33618~~ ~~US~~



**REINSTATEMENT** 96 & 97  
*mwb*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/06/1987	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2904564	
Country		Country		Applied For	
		33682-7559 USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WEATHERMAN, BETTY	<del>14802 N DALE MABRY STE 100</del> 16403 Zurraquin de Avila	<del>TAMPA FL</del> Tampa, F1 33613
VD	WEATHERMAN, GARY	<del>14802 N DALE MABRY STE 100</del> 16403 Zurraquin de Avila	<del>TAMPA FL</del> Tampa, F1 33613

~~400002096554-3~~  
~~-02/25/97--01057--008~~  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>WEATHERMAN, BETTY D</del> <del>16105 NIGHTHAWK DR</del> <del>SUITE 100</del> <del>TAMPA FL 33625</del>		Name GARY WEATHERMAN	
		Street Address (P.O. Box Number is Not Acceptable) 16403 Zurraquin de Avila	
		Suite, Apt. #, Etc.	
		City Tampa	State FL
			Zip Code 33613

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 Registered Agent: *Gary Weatherman* Date: 2/10/97  
REGISTERED 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 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 filing 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: *Gary Weatherman* GARY WEATHERMAN/V. Pres. Date: 2/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)