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 #

174760

FILED

AUTHORIZED MANAGEMENT, INC. Procpal Flace of Business Mailing Address 1-4602 H DNE MARY 18 - 14002 H DNE MARY 18 - 15002 H DNE MARY	1. Corporation Name AUTHORIZED MANAGEMENT, INC.							97 FEB 18 PM 4			
### Principal Place of Business Mailing Address Mailing Addre									ercre\	MINUTERINA	
### Principal Place of Business Mailing Address Place of Business Place Place									TALLAH	ASSEE, 100	
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It above addresses are incorrect in any way, lace through incorrect information and enter correction below. 2. New Principal Office: Address, if Applicable					••••		K	tins i	AIEMENI	96497	
Suite, Apt. #, etc. P. O. BOX 17559 Suite, Apt. #, etc. P. O. BOX 17559 Size Assiste City & State City & State City & State Country 33682_7559 Country 33682_7559 Country 33682_7559 Country 30682_7559 Country 4062_41 Country City / State / Zip City / State / Zip City / State / Zip Country Tampa, F1 33613 Country Tampa, F1 33613 Countr							correction below.	\sim	IMR		
Sulte, Apt 4, etc. Sulte, Apt 4, etc. P.O. BOX 17559 S. FEI Number Sp-2904564 Applied For Not Appli	z. New Pri	порагонке А	ddiass, ii Applicacia								
City & State City & State City & State Tampa	Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc. P. O. BOX 17559			5. FEI Numbe	r		
Country 378 Andtonos Streamed Country 33682-7559 Country Count	City & State	е		City & State			İ	59-2904564	 		
7. Names and Street Addresses of Each Officer and/or Director (Florida emprofit corporations must list at least 3 directors) Name of Officers and/or Directors 1 title(s) 2	Zip Country			Zip Country				E OF STATUS DESIDED A	\$8.75 Additional Fee require		
Street Address of Each Street Address of Each Street Address of Each Street Address of Each Street Address of Street Street Address of Street Address of Street Address of Street Stre								<u> </u>	E OF STATUS DESIRED	for a Certificate of Status	
Title(s) 2 and/or Directors 3 (Do NOT Dise post Officer and/or Director) 4 City / State / 2ip PD WEATHERMAN, BETTY Heaven and Address of Current Registered Agent 14802 N. DALE MABRY STE 400 16403 Zurraquin de Avila Tampa, F1 33613 TAMPA FL Tampa, F1	7. Names	and Street Add	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	d/or Director (Flo	rida nonpre						
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8. Name and Address of Current Registered Agent WEATHERMAN, BETTY B 18105 NORTHAWN DR SUITE 100 TAMPA FL 33625 City Tampa Tampa State City Tampa Tampa FL 33613 10. I, being appointed the delivered agent of the above panel of corporation, em familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the above panel of corporation, em familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the above panel of corporation, em familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept agent of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept agent of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the accept of the accept the obligations of Section 607.0505, F.S. Signature of Registered Agent of the accept of the				16403 Zurraquin d							
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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	this rein	nstatement app	lication, the reason for dis	solution has been	eliminated	d, the corpo	rate name satisfies	the requirements	s of section 607.0401 or 61	17.0401, F.S., that all fees	

GARY WEATHERMAN/V. Pres.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Daytime Phone #