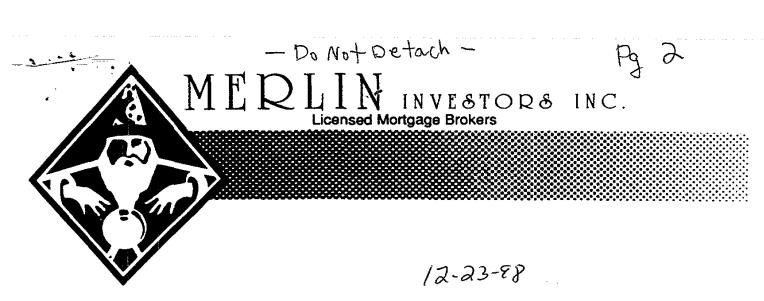
	<u>.                                    </u>	the second second		
APPLIATION CO		NT OF STATE	COMPLETING THIS FORM. PS	
REINSTATEMENT Secretary of State Invision of Corporations			FILED	
DOCUMENT # 58873.7  1. Corporation Name			99 JAN 11 AM 9:00	
Herlin Investors Inc 498-29193			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			- ALLAHASSEL, PEURIDA	
4500 Belvedere Rd #A West PALM Bd. FL 33415				
		r correction helew	96	
New Principal Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 7-87	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For Sq - 2836095 Not Applied by	
Zip Country	Zip Coun	_	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Directors		ch City/State/Zin		
0.000	3 (Do NOT Use Post Office Box		Numbers) 4	
Owner Corinne Simp	SON 17411	40 Ren N	LOXAhatcher. FL334)0	
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			-01/22/9901106012 ****665.00 *****665.00	
		<del></del>		
		<del></del>		
Name and Address of Current Registered Agent     Name			9. Wanne and Address of New Registered Agent	
Corinne Simpson		Name Street Address (P.O. Box Number is Not Acceptable)		
17411 40 Rear DORTH 20xAhAtcher, FC-33410		Suite, Apt. #, Etc.   State   Zip Code		
( <del>'</del>			{ <b>FL</b> }	
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 Date 11-23-93				
Registered Agent RE	EGISTERED AGENT MUST SIGN		(See other side for information	
This corporation owes or he Intangible Personal Proper	ty tax due durie 30.	100	No On Intangible tax.)	
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissourced by the corporation have been paid and the on this application is true and accurate, and my sl	of individuals listed on this fo	orm do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing as the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated er oath.	
CICNATURE:	mpsu		11-23-98 561-615-6900	
SIGNATURE: Date Dayline Phone # Date Dayline Phone #				
		 \$4.5		



Dea SeiI have never received any renewal
application for meeter Instruction for the past
application for meeter Investor In for the past
3 yrs. In 1995 I noved to Loyahatchee. Il.
Please reinstate meeter Investors, In.

4500 Belvedere Rd. #A, West Palm Beach, Florida 33415 Phone: (561) 615-0900 • Fax (561) 615-0015