| PLEASE READ | ALL INSTRUCTION | NS BEFORE C | OMPLETING THIS FORM. | |
|---|---|--|--|--|
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 JAN -9 AM 8: 00 | |
| DOCUMENT # DITTES, CHARTERED | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business Mailing Address | | | | |
| 2256 HEITMAN STREET FORT MYERS, FL. 33901 | | | REINSTATEMENT 44 | |
| New Principal Office Address, If Applicable | bove addresses are incorrect in any way, line through incorrect information and enter correction lew Principal Office Address, If Applicable 3. New Mailing Address, If Applicable | | DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | Apt. #, etc. Suite, Apt. #, etc. | | 5. FEI Number Applied For | |
| City & State | City & State | | 65-0048620 Not Applicable | |
| Zip Country | Zip G | ountry . | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/ Title(s) 2 PARES 5. Pucce Title(s) 2 | 3 (Do NO | Street Address of Each Officer and/or Director OT Use Post Office Box N | lumbers) 4 City / State / Zip | |
| • • • • • • • • • • • • • • • • • • • | | | 1000020565817 -01/14/9701062001 ****383,75 ****383,75 | |
| 8. Name and Address of Current | Registered Agent | | 9. Name and Address of New Registered Agent | |
| Name | | | | |
| ATTORNEYATLAW | | | P.O. Box Number is Not Acceptable) | |
| 2256 HEITMAN STREET | | Suite, Apt. #, Etc. | Suite, Apt. #, Etc. | |
| FORTMYERS, FL. 33901 CHY | | | State Zip Code | |
| 10. I, being appointed the registered agout of the abo Signature of Registered Agent | ove named corporation, am familiance of the control | | Date | |
| Does this corporation pay a Dept. of Revenue under S. | | | (See other side for information on intangible tax.) | |
| lease the Division of Corporations from any liability certify that I am an officer or director or the receipthis reinstalement application the reason for dissipates owed by the corporation have been paid under oath. SIGNATURE: | ty of non-compliance with Section of trustee empowered to exposure to exposure to exposure the exposure of the exposure of the extension of the exposure of th | on 119.07(3)(k) in the ever ecute this application as e corporate name satisfie application is true and a | for the exemption stated in Section 119.07(3)(k), Florida Statutes. I report that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617. F.S. I turther certify that when filling as the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made Puccio 4/7/96 94/-337_00/6 Daytime Phone # | |