PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

DIVISION OF CORPORATIONS

97 MAR 17 PM 2: 26

	UMEN ation Name	NT # LOO'	አሪካ(ስህሊ	THE COX PON	-	SECRETARY (DE STATE , FLORIDA		
Principal F	lace of Bus		Mailing Addi			The state of the s			
			•	ORTEZ	_ <i>RD</i> _				
S	ome			W. PAUM BEACH, Pl. 33405			REINSTATEMENT 10-97		
		are incorrect in any way, lin ce Address, If Applicable	.	nformation and enter ing Office Address, If		 Date Incorpo 	prated or Qualified		
Suite, Apt	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number	ber Applied For		
City & Stat	.e		City & State			65-0145154 Not Applicable			
Zip		Country	Zip	Count	у	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee rea		
7. Names	and Street	Addresses of Each Officer	and/or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)			
Trile(s)	2	Name of Officers and/or Directors		Str Of 3 (Do NOT U		r	City / State / Zip		
	۸L	HOTHEA		626 H	2 3005	የ የ የ የ የ	w. POLM REALI, A.	334	
	JAN ROBINSON VI			225 CORTER RD.			W. PALM REACH, IL	33 ¥	
						2 11	0002117744 -03/19/9701040003 ****915.00 ****915.0	5	
}	, B. N	ame and Address of Curi	ent Registered Age	ent	9. Name and Address of New Registered Agent Name				
JAN ROBINSON 225 CORTEZ RO					Street Address (P.O. Box Number is Not Acceptable)				
W. PALM AEACH, PC				3340) Suite, Apt. #, Etc).		2	
	~_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		City State Zip Code				
10. I, being Signature o Registered), (The registered agent of the	above named corporate AGE		th and accept the o	bligations of Sectio	n 607.0505, F.S. Date 3-/4-57		
		s corporation pa Revenue under				□ No □	(See other side for information on intangible tax.)		
this rein owed by	istatement a y the corpoi	application, the reason for (dissolution has been the names of individ	eliminated, the corpo uals listed on this for	rate name satisfies in do not qualify for	the requirements of an exemption under	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees or section 119.07(3)(i), F.S. The information indica	. 1	
	(u An	•			56/		
SIGNAT	TURE:	SIGNATURE AND TYPED OF	PRINTED NAME OF S	IGNING OFFICER OR	DIRECTOR		Date Dayline Phone #	ر ر د ر	