PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMEI Katherine Ha Secretary of S	ırris		
REINSTATEMENT 3510	DIVISION OF CORPOR	RATIONS		99 AUG -2 PH 1: 13
1. Corporation Name Dex Tri County, luc		TALLAHASITE, FLORIDA		
	•		j .	ALLAHMA CEFFEUNDA
Principal Place of Business Mailing Address				
Florida	6601 Lyons Road C-7 Coconut Creek, FL 33073			
	Colonal of Cal			01.00
If above addresses are incorrect in any way, line thro		Applicable 32073	LENS 4. Date Incorpo	FATEMENT 4-49
2. New Principal Office Address, It Applicable 12-3 WOI LYON'S ROAD C-7 Check FL Suite, Apt. #. etc.	Suite, Apt. #, etc.	Check, FL	To Do Busin	ess in Florida
Const Cocek, Fr	City & State Coconut Cree	K-FI		Applied For Not Applicable
Zip 37077 Country U.S.A-	73073 Country	SA	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	Stre	eet Address of Each	st 3 directors)	
Title(s) 2 and/or Directors	3 (Do NOT Us	icer and/or Director se Post Office Box No		Oity/State · Zip
Pres Joseph Kear	JEH PARKLA	W63 CT. UD, FL 3	2067	Parkland, FL 33067
Sec Joseph Keou	CH 8226N	W63 CT	-	Parkland, FL 33067
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				: 1.5
			Oq	000029567203
				-08/11/9901026013 ***1861.25 ***1861.25
8. Name and Address of Current R	egistered Agent		9. Name and A	ddress of New Registered Agent
Name WAYNE HORW ITZ, CPA Street Abdress (P.O. Box Number & Not Acceptable)				
Suite, Apt. #, Etc				
		Suite 40		State Zip Code
10. I, being appointed the registered agont of the above	e named corporation, am familiar wil	For LAU th and accept the obl	Derbyce ligations of Section	n 607,0505, F.S
Signature of Registered Agent Date 5-6-99 REGISTERED AGENT MUST SIGN				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information on inlangible 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 reinstallement 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 lated 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: SIGNATURE AND PROTECT OF SIGNATURE OF SIGNATU				