APPLICATION FLORIC			DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		COMPLETING THIS FORM.  FILED  SECRETARY OF STATE ORVISION OF CORPORATION:		
DOCU i. Corporal		803				99 OCT 14 PM 5:42	
1218 U.S.HWY 27 S. 1218			ailing Address  1218 U.S.HWY 27 S. LAKE WALES FL 33653  Incorrect information and enter correction below.		REINSTATEMENT 95		
	ncipal Office Address, If Applicable		ing Office Address, If Applicat	Applicable 4. D		4. Date Incorporated or Qualified To Do Business in Florida 11/30/1989  5. FEI Number Applied For	
City & State Country		City & State	Country	у 6		65-0159573 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Title(s)	and Street Addresses of Each Officer and/or Director Name of Officers and/or Directors  WELBORN, CHARLES P JR		Florida nonprofit corporations must list at lease Street Address of Each Officer and/or Director 3 1218 U.S.HWY 27 S.		st 3 directors)	4 City / State / Zip LAKE WALES FL 33853	
				7.7	•	300003021033- -10/21/990107002 ****750.00 ****750	- <del>2</del> 0.00
				\ 6	h . l .	300003021083- -10/21/990107003 ********8.75 ********	
	8. Name and Address of Curre	nt Registered Aç	lent Name	<u> </u>	9. Name and	d Address of New Registered Agent	
WELBORN, CHARLES P JR 1218 U.S.HWY 27 S. LAKE WALES FL 33853			Stree	Street Address (P.O. Box Number Is Not Acceptable)  Sulte, Apt. #, Etc.			
10. I, being Signature o		above named cor	poration, am familiar with and i	accept the ob	Aigations of Se		

SIGNATURE: MANUEL DE NAME OF SIGNING OFFICER OR DIRECTOR

010130

10/12/99 94/-676-1/10
Date Daytime Phone #