APPLICAT FOR REINSTATE		FLO	RIDA DEPARTME  Katherine Ha  Secretary of S  DIVISION OF CORPO	arri <b>s</b> State		SECRETARY DIVISION OF CO	D OF STATE
OCUMEN Corporation Name	T# L 36251					99 NOV -1 P	<sup>RPOR</sup> ÁTIÓNS ' <b>M 4: 36</b>
FRANK C	UETO, JR. BA						
incipal Place of Busin	ess	Mailing	Address			<b></b>	05.00
f above addresses <b>a</b> re	e incorrect in any way, line i	hrough incor	rect information and enter	correction below.	ISTATE	MENT_	73-77
New Principal Office Address, If Applicable 607 B-1 W. MLK Blvd.			3 New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida 12/11/89		
ite, Apt. #, etc		Suite, A	Suite, Apt. #, etc.		5. FEI Number Applied For		
ty&State 'ampa, FL		City & S	State		59-2993		Not Applicable
3603	Country USA	Zip	Count	ry		OF STATUS DESIRED 🔯	\$8.75. Additional Fee is guire for a Certificate of talities
	ddresses of Each Officer ar	id/or Directo					
itie(s)	Name of Officers and/or Directors		0	reet Address of Eacl fficer and/or Director Jse Post Office Box I	<b>f</b>	City /	State / Zip
			5 (501151 5	,00 1 Oct 0 mod 20x 1		· · · · · · · · · · · · · · · · · · ·	
D Frank	Cueto, Jr.		607 B-1	W. MLK B1	vd.	Tampa, FL	33603
<del>-</del>					00	0003039 -11/09/990	01022013
						*****8.75	*****8.75
					00	0003039 -11/09/99	32203
							*** <del>1650.00</del>
8. Na	me and Address of Curre	nt Registere	d Agent		9. Name and	Address of New Register	ed Agent
				Name			
Frank Cueto, Jr. 607 B-1 W. Martin Luther King Blvd.				Street Address (P.O. Box Number is Not Acceptable)			
Tampa, FL		Mer K	ing bive.	Suite, Apt. #, Etc	<b>)</b> ,		
				City			ate Zip Code
. I, being appointed	the registered agent of the	iboye nage	Corporation, am familiar v	with and accept the c	obligations of Sect		1/10
gnature of egistered Agent	-/-	REGISTER	D ASENT MUST SIGN			Date	127/99
1. This corp	oration owes the Personal Prop	e curre	nt year	Yes	□ No Ø	(See other on it	side for information ntangible tax.)
2 I certify that I am at this reinstatement a	officer or director or the re	ceiver or trus	tee empowered to execut been eliminated the con	e this application as porate name satisfies	s the requirements r an exemption un	ar section 607.0401 or 61	ther certify that when filing 7.0401, F.S., that all fees S. The information indicated
on this application i	( ) (	10	11-13			100	(   AD
on this application i	116		& P		10/27	9 (813)	221-2245