PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED	
DOCUMENT # LULDOC		96 DEC - 6 PH 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	ous Ruction Co.	10/11/0/4	
Z119 5. Venus ST ZAMPA, FL 3367	2 11.416	REINSTATEMENT 92-96	
If above addresses are incorrect in any way, line thro New Princips Office Address, If Applicable	nugh incorrect information and enter correction below. 3. New Mailing Address, If Applicable	OO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified	
Suite Apt #, etc.	Suite, Apt. #, etc.	To Do Business in Florida To Do Business in Florida To Do Business in Florida X Applied For	
City & State	City & State	59 - 3002335 Not Applicable	
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED . S8.75 Additional Feb required for a Certificate of Status	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Names and Officers Street Address of Each			
Title(s) Name of Officers and/or Directors	Officer and/or Directo 3 (Do NOT Use Post Office Box	City / State / Zip	
Pars Jork. LAckey	2119 S. Venus	9525E 17, AMPA, FL 33629	
JAMS ,			
T/S SAME		300020247638 -12/10/9601101001 ****975.00 ****975.00	
		3612-1e-9e	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name			
Robert K. Eddy		(P.O. Box Number is Not Acceptable)	
808 W. Deleon ST.		Suite, Apt. #, Etc.	
TAMPA, PL 3360	City	State Zip Code	
10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date 12/4/9/6 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)			
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I lease the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I lease that I am an officer or director or the receiver or together one powered to execute this application as provided for in chapter 607 or 617, F.S., I further certify that when filing this reinstatement application the reason for dissolution kas been eliminated, the corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees even by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under eath SIGNATURE: SIGNATURE NOTE: SIGNATURE AND TYPED OR PHINTED NAME OF AMINIO DEFIGURE OF DIRECTOR. Days the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the information supplied is deemed exempt from public access. I leave the exempt from public access. I are a supplication as provided for in chapter 607 or 617, F.S., I further certify that when filing certify the certification as provided for in chapter 607 or 617, F.			