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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		gistered Agent	ess of Current Re	8. Name and Addr	
LICEA, HIRAM VIZ				, HIRAM VIZ	LICEA,
8890 N.E. 10 AVENUE Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable)				
MIAM! FL 33138 Sulte, Apt. #, Etc.	Suite, Apt. #, Etc.		MIAMI FL 33138		
City State Zip Code	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.		named corporation, ar	agent of the above	appointed the registered	10. I, being a
Signature of Registered Agent Date	A AEGISTERED AGENT MUST SIGN	ISTERED AGENT MU	<i>N</i> Y /F A	Agent	Registered A
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No	pay any intangible tax to the nder S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)	y intangible to 99.032, Florid	ition pay ar under S. 1	es this corpora pt. of Revenue	11. Doe Dep
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 reinstatement 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 listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indication is true and accurate, and my signature shall have the same legal effect as if made under oath.	ason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees raid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated	tion has been eliminate mes of individuals liste	e reason for dissolu en paid and the na	tatement application, the the corporation have bee	this reins owed by
SIGNATURE: SIGNATURE AND TYPED OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR Date of Dayling Phone of Dayling	10-14-91 101 6 3 3 (1) (4)	Z 1	HEEN	URE:	SIGNAT
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Bate Daytime Phone # 1 HIRAM LICER				SIGNATURE	<u></u>