		order Littleburg Greek Lit	asset formation of the			
PLEASE	READ ALL INST			OMPLETI	NG THIS FO	RM.
APPLICATION	ALC:	T OF STATE				
FOR REINSTATEMENT	元子(A74) (A24)	Secretary of St			FILE)
		VISION OF CORPORA	ATIONS		96 DEC 30 /	M In: 22
DOCUMENT # L53209				96 DEC 30 AM 10: 23		
CAPIN-LIMA, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Ord tra-miastry, trace.					17 1111 4 17 10 OCC.	COMBA
Principal Place of Business	ess			di. Ciida errin elnii Sărin (2)	i Brûne Bibli ûlûrî êrbir Bibin diûn 1844	
7542-A N. DALE MABRY 7542-A N. DA TAMPA FL 33614 TAMPA FL 3						
US US				1 (CRIMEN B	A1 61/12 ())/2 116/1 et/13 +e+	
If above addresses are incorrect in an	ny way, line through incorrect in	formation and enter o	orrection below.	Deinic	TATEM	MY O/
2. New Principal Office Address, II Applicable 3. New Mailing Office Address, II Applicable				4. Date incorporate To Do Busin	orated or Qualified less in Florida	02/27/1990
Suite, Apt. #, etc.	Suite, Apt. #		m WHC	5. FEI Number		Applied For
City & State	s, FL	-	6.	59-3189470	Not Applicable	
33809 Hills	booked 3360	9 Country	holouch	-	OF STATUS DESIRED (S8.75 Additional Fee required ?: for a Certificate of Status.
7. Names and Street Addresses of Ear	ch Officer and/or Director (Flor	ida nonprofit corporat	lons must list at lea			
	of Officers r Directors	Stree Office 3 (Do NOT Use	et Address of Each cer and/or Director a Post Office Box N	lumbers)	4	City / State / Zip
P RUHE, CATHERINE		6020 LAKESIDE DRIVE			LUTZ FL	
VPST CAPIN, YVONNE YOLANDA		2424 TAMPA BAY BLVD., #B-208 TAMPA FL				
		6000020453563 -01/03/9701135004				
					-01/03/9 ****375	
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					00	
				96031-96		
B. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
CAPIN, YVONNE YOLANDA			Street Address (F	P.O. Box Number	is Not Acceptable)	CR2E6040 (7/36)
2424 TAMPA BAY BLVD., #B-206 TAMPA FL 33614			Suite, Apt. #, Etc.			
City				State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o				<u> FL </u>		
Signature of Aliman, W. O. S. O. F. O. I. F. O.						
Rogistered Agent Other Registered Agent MUST SIGN Date 12 26 146						
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 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 filling 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.						
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE						

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