PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

					.,		I				
COF	RPORATI	ON		FLORIDA DEPARTMENT OF STATE Katherine Harris					Ell m	.	
REINSTATEMENT				Secretary of State			FILED 00 SEP 29 AM 9: 04				
		7	WE THE	DIVISION	OF CORPORATI	ONS		00	SEP 29 A	M 9: 04	•
DOCUMENT # LON 22LD 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE FLORIDA				
3M	RÍDIA	NT	ZEALTY	FINSMICEVAL &			5000034179759 -10/09/0001007023 ****900.00 ****900.00				
2. Principal Office Address				3. Mailing Office Address						N	1/2-
7204 SHELDON RD. Suite, Apt. #, etc.				2415 W. AZEELE ST.			REINSTATEMENT				
							4. Date Incorporated or Qualified To Do Business in Florida				
City & State				City & State			5. FEI Number Applied For				
TAM Zip	JAN E	Country		TAMPA, F	Country		<u>59-3023892</u> 6 97				lot Applicable
336	15	u	SA:	33609	us	A		OF STATE	JS DESIRED 🗌 站		ate of Status
7. Name and Address of Current Registered Agent											
	Name FRANK PEREZ										
	Street Address (P.O. Box Number is Not Acceptable)										
	7204 SHELDONRD. Suite, Apt. #, Etc.										
	City	TA	mPA. F	L 33619	5		State Zip Code FL 33615				
8. I, being appointed the registered signit of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.											
Signature of Registered Agent Date 9 27 00											
REGISTER/O AGENT MUST SIGN											
9. Names	and Street Ad	ddresses		l/or Director (Florida no				_			· · ·
Titles		Office	Name of ers and/or Directors	Street Address of Each Officer and/or Director							
P	FRANK PEREZ			7204 SHELDON			RD TAMPA, FL. 33615				
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10. 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 said 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 account and application is true and account and application.											
A Maria Di- a Di-											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											