PLI	EASE READ /	ALL INST	RUCTIONS	BEFORE C	OMPLET				
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State			FILED				
			VISION OF CORPOR	ATIONS	I	97 JAN:	23 PM 3:	56	
1. Corporation Name Nu	<b>Լ۹Կ5Պ%</b> 11's Propert		ments, Inc.			SECRET/ TALLAHA	ARY OF STA	ATE RIDA	
Principal Place of Business 4502 S. Manhatt Tampa, FL 3361	g Address e								
				'	REIN	STATEM	ENT 91	-97	
2. New Principal Office Addre	ugh incorrect information and enter correction below.  3. New Mailing Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 8/17/90					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For S9~3022399 Applied For					
City & State Zip Co	City & State	Country	,	6. CERTIFICATE OF STATUS DESIRED S8 /5 Additional For required					
						E OF STATUS DESIRED (	E for a Cedifi	icale of Status	
Title(s) 2	or Director (Flor	Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4							
P/D Miller, John M.			4502 S. Manhattan Avenue Tampa, FL 33611				33611		
S/T/D Null, C	4502 S. Manhattan Av			enue	Tampa, FL	33611			
					٤	900020 -01/24/ ****\$54	/9701087	99 -012 *3 <b>4343</b>	
			96 Reinstatement			arned as	origin	ما	
			request for	reinstati	ement v	ins made	In 96	pate 2	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
John M. Miller Street Address (F					5602.1				
4502 S. Manhatt	Suite, Apt. #. Etc								
Tampa, FL 3361									
				City		<del></del>	FL Zip Co	08	
10 I, being appointed the reg Signature of Registered Agent	In MI	mill	oration, am familiar wi	th and accept the ol	bligations of Sec	tion 607.0505, F.S.  Date	2/97		
11. Does this cor Dept. of Reve	poration pay a enue under S.	iny intang 199.032,	jible tax to th Florida Stati	e utes. Yes	□ No[	X. (See	other side for info on intangible tax.		
12. I do hereby certify that the lease the Division of Corporatify that I am an office this reinstatement applicates owed by the corporatinder oath.	orations from any liabili r or director or the receition the reason for diss	ty of non-compli ver or trust <del>ee</del> e olution has bee	iance with Section 11: mpowered to execute in eliminated, the cor indicated on this appl	9.07(3)(k) in the even this application as porate name satisfication is true and a	ont that the information of the provided for in a second of th	mation supplied is deer chapter 607 or 617, F.S ents of section 607 040 y signature shall have	med exempt from S. I further centify 21 or 617.0401, F	public access. I that when filing F.S., and that all iffect as if made	
SIGNATURE:	TURE AND TYPED OR PR	NTED NAME OF	JOHN M. SIGNING OFFICER OR I	Miller DIRECTOR		Date	Daytime Pho	W BOX	