Principal Prace of Business Mailing Address Mailing Add	PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPLE	TING THIS FORM.		
1. Corporation Name Principal Place of Business Mailing Address Mailing	FOR H	Sandra B. Mo Secretary of S	rtham State	eu en		
SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address S 375 Rousevelt BLUD Suite #303 CLEARWATER Florida Suite #303 CLEARWATER Florida Suite Suite	DOCUMENT # M 72044	[]			2	
Principal Prace of Business 15375 Roosevelt BLUD Suite 303	Corporation Name		Ticc			
Principal Prace of Business 15 375 Roosevelt Nui) Suite 303	BLASTORAH E	VIERPHISE -	INC.	SECRETARY OF STATE TALLAHASSEE, FLORE	e Da	
It above addresses are incorrect in any way, line through inforrect information and enter correction below. 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 10 De Business in Florida		1. A 1/2	tta			
12 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1 Do Business in Florida 1 To Do Business in Florida 1	15375 Roosevelt	BLUD Suite	7303			
Suite, Apt. #, etc. Suite, Ap	CLEARWATER F/ If above addresses are incorrect in any way, tine the	URINA 9376 Trough incorrect information and enter	Correction below.	STATEMENT	89-97	
City & State City & State City & State Country Solved Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors City / State / Zip City / State / Zip City / State / Zip Country City / State / Zip Applied For Not Applicable for Not Applicable for Not Applicable for a Certificate of Status Street Address of Each Officer and/or Directors City / State / Zip Applied For Not Applicable for Not A	New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		orporated or Qualified MMR	X 1981	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors 1 DANIA BUSTARAH 23/3 DAY BLUE, ## 1767.50 ****1767.50 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent		5. FEI Num	iber	Applied For		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) 1.11e(s) 2. Name of Officers and/or Directors 1.11e(s) 2. ANNIAL BUSTORAH 3. TOP BUY, # 1 1. DANIAL BUSTORAH 5. DID DD 2.2.9.4.4.7.5.1. -0.9/16/970.10550.06 ***1767.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				.	Not Applicable Additional Fee required	
Name and Address of Current Registered Agent Name and Address of Current Registered Agent Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box Numbers) ANNICL BUSTCRAH STREET Address of Each Office Box Numbers) LINGUAL BUSTCRAH SUBJECT OF Address of Current Registered Agent Street Address of Each Office Box Numbers) LINGUAL BUSTCRAH SUBJECT OF Address of Current Registered Agent SUBJECT OF Address of New Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	<u> </u>		CERTIFIC	for	a Certificate of Status	
-09/16/9701055006 ***1767.50 ***1767.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	MSINGE BLAS	TORAH 2313 I	PAY BLUJ. #1	14. 337	PBS	
				500002294 -09/16/970 ***1767.50	4750 1055006 ***1767.50	
TILITOTEL TICHTI				9. Name and Address of New Registered Age		
15.2 BAY RIVA# Street Address (P.O. Box Number is Not Acceptable)	23/3 BAY BLUD # Street Address			(P.O. Box Number is Not Acceptable)		
Taylo Docks Ach FT. Suite, Apt. #, Etc.	Turin Donke De	Suite, Apt. #, Etc.				
City State Zip Code FL	337 337 MARONS	City		Zip Code		
10. I, being appointed the regist/red agent of the above/hamed corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date	Signature of	1/4/6//	itin and accept the obligations of Se	ection 607.0505, F.S. $Q - Q$	-97	
11. Doe this corporation pay any intangible tax to the De of Revenue under S. 199.032, Florida Statutes. Yes No No No No 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	De, of Revenue under S	. 199.032, Florida Stat	utes. Yes No	Prof Tontangit	1997	

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-97 817-507-0444