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					COMPLETING THIS FORM	* 37 7 7 1
APPLICATION			FLORIDA DEPAP I MENT O Sandra 8. Mortham		FIED	
FOR		18	Secretary of State		96 pro	
REINSTATE	MENT	/	SION OF CORPOR		96 DEC -9 AH 10: 53	
DOCUMENT	r#M844	10			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1 Corporation Name	y CARS	OF DAY	ITONA -	TNC	TINGSEE, FLORIDA	
ECONOM	y CHRS	() W11)	,, = , =	, , , , , , , , , , , , , , , , , , ,		
Principal Place of Business Mailing Address				<del></del>	-	
1753 S. RIDGEWOOD AVE 1753 S. RIDGE WO. S. DAYTONA, FL 32119 S. DAYTONA, FL						ľ
S. DAYTONA	1, FL 32119	S. UAY	IONA, F	2 32/19		1
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT 46	
2. New Principal Office A		Address, If Applica		4. Date Incorporated or Qualified	$\dashv$	
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apl. #, etc		<del></del>	To Do Business in Florida 06/03/1988	
City & State					5. FEI Number Applied For	$\Box$
<u> </u>		City & State			6. 89-2941845 Not Applicab	Ð
Zıp	Country	Zip	Country	,	CERTIFICATE OF STATUS DESIRED 58.75, Additional Fug requi	æd
7 Names and Street Add	dresses of Each Officer and	/or Director (Florida	nonprofit corpora	tions must list at lea	ast 3 directors)	
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director						
1 2		3		e Post Office Box N		_
D YANO	WITZ, URSU	LA IRENE	1763	e Piner.	C 00 m 10 T 2745	
~   -			1/33	S. KIDGEV	NOOD AVE S. DAYTONA, FL 32119	$\dashv$
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					****383.7S ****383.7S	1
					W.	
		_			4012-10-910	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agant	I.
Name					12/05	
, o except,				P.O. Box Number is Not Acceptable)	§	
1395 SURREY PARK DR. Suite, Apt. #, Etc.				:	<u>~</u>  §	
PT. ORANGE, FL 32124 City				Pisto   To Code	_  .	
	7 - 001/2	<u> </u>		Oity	State   Zip Code   FL	
to I, being appointed the	registered agent of the ab-	ove named corporation	on, am lamiliar wil	h and accept the ot	bligations of Section 607.0505, F.S.	
Signature of Registered Agent	levold J	9 Lanos	with.		Date	ľ
J	R	EGISTERED AGENT	MUGTSIGN		Unit	-
11 Door thic	ornoration nov	any intonaihi	a tau ta tla			7
Dept. of Re	corporation pay a evenue under S.	any intangibi 199.032. Fl	ie tax to th orida Stati	e Ites. Yes [	No (See other side for information on intangible tax.)	1.
			onda Olall		L  INO  on inlangible tax.)	
12 I do hereby certify that	at the information supplied	with this filing is volu	ntanly furnished a	nd does not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re	$\exists$
certify that I am an of	flicer or director or the rece	iver or Inistee amon	with ancion 115	BVB BOILDING BYD.	ant that the information supplied is decimed exempt from public access,	<u>!</u> [8]
					es the requirements of section 607.0401 or 617.0401, F.S., and that a securate, and my signature shall have the same logal effect as it mad	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

12/8/96

704-758-7844 Daytimo Pilone a