DIFACE DEAD ALL	ULOTO LOTIONO	DECODE AGUADI	ETIMO TUDO	CODE
PLEASE READ ALL	INSTRUCTIONS	BEFURE COMPL		FURN

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthagn Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN 29 PH 3: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

3045	lace of Busine	Shopping Co ss Fed. Hwy Fla. 33306	Mailing P.	145-N. Laud Address 0. Boy		Hswy ale F1 6627 13307	REM	ISTAT	EMEN'	T <u>gl</u>	1-6	77
If above a	ddresses are	incorrect in any way, line th	nrough incorrect i	information and	enter o	orrection below.			WRITE IN THIS SPAC	E		
2. New Prin	ncipal Office /	Address, If Applicable	3. New Mali	ling Address, if	Applica	ble		rporated or Qua siness in Florida				
Suite, Apt.	#, elc.		Suite, Apt. #	, etc.		- LIIIA-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	5. FEI Numb	per			Applied	J For
City & State	9		City & State				59-2348133				Not Applicable	
Zip		Country	Zip		Country	÷	6. CERTIFICA	ATE OF STATUS D		Addition Certific		reguired Status
7. Names a	and Street Ad	dresses of Each Officer and	d/or Director (Flo	orida nonprofit c	corporat	ions must list at lea	ast 3 directors)					
Title(s)	2	Name of Officers and/or Directors		3 (Do N	Offi	et Address of Each cer and/or Director e Post Office Box t	•	4	City / State	/ Zip		
PD	Joh	n Meeks		3045	N.	Federal	Hgwy	Ft.	Lauderda	ale	F1	333
VD	Sco	tt Oxman		3045	N.	Federal	Hgwy	Ft.	Lauderda	ale	F1	333
SD	Mar	y Mullens		3045	N.	Federal	Hgwy	Ft.	Lauderda	ale	F1	333
TD	Mar	k Sabra		3045	N.	Federal	Hgwy	Ft.	Lauderda	ale	F1	333
	g, Now		• Davistand &			RE		TEWN		54	<i>M</i>	1-9
8. Name and Address of Current Registered Ag Alan E. Vordermeier,					Name	a. Maine and	d Address of N	em Legistered Mile	<u>yı</u>			
	Vo	rdermeier Ma Rox 24627	nagemer 2/32 ピ	it Co.	12.	Street Address (F	P.O. Box Numb	er is Not Accept	able)			
-	Ft	. Lauderdale	F1 333	306	, ,,,	Suite, Apt. #, Etc						
									2073		<u>r' —</u>	-4
1						City		-U1 **	/30/974401 *1032 54	### 1966	#-UU 1022	18 - 50
10. I, being	appointed th	e registered agent of the at	named corp	oration, am fan	niliar wit	h and accept the o	bligations of Se	ection 607.0505,	F.S.		rock.	100
Signature o Registered	at Agent	March.	iegistered ac	SENT MUST SI	IGN		 .	Date	1-10-	9%	7 	
11. Do De	pes this ept. of R	corporation pay evenue under S	any intan . 199.032	gible tax t , Florida :	to the	e ites. Yes	□ No	x	(See other side k on intangib			
lease th certify t this rein	he Division of that I am an o nstatement ap wed by the co	nat the information supplied Corporations from any liab officer or director or the rec oplication the reason for di provation have been paid.	ility of non-comp server or trustee e ssolution has be	liance with Sector empowered to e en eliminated, to indicated on the	tion 119 execute the corp is appli	1.07(3)(k) in the eve this application as lorate name satisfi	ent that the info provided for in es the requirent accurate, and r	rmation supplied chapter 607 or nents of section my signature sha	d is deemed exempt 617, F.S. I further a 607.0401 or 617.0- all have the same le	t from p certify ti 401, F.:	public at hat who \$., and	coess. I en filing I that all

SIGNATURE: JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Meeks -President

1/10/97 Date

(954)561-9561

Daytime Phone #