•	PLEAS	SE READ A	ALL INST	RUCTION	ONS B	EFORE (	OMPLET	ING THIS F	ORM.	
APPLIC FO REINSTAT	ATION R		FLORIDA		TMENT . Mortha y of Stat	OF STATE am te	T	,	Partie	rates trans
DOCUME	NT #	1/2 23	<u> </u>							7 AM 9:41
Corporation Nam	THE	VINTAL FLORIDO DAN	SE TH		BIRD	1		SE TAL	ECRETAF LAHAS	RY OF STATE SEE FLORID
/	e VINT 1409 CLEAR I		UNDAR E Bei Flor	tty d LIDA	246 346	• -		<b>ISTATE</b>		MD.
2. New Principal Of			3. New Mailir					porated or Qualified iness in Florida	IN THIS SPAC	10 44
Suite, Apt. #, etc.  1409 S City & Sining Zip	· -	tty Lave	Suite, Apt. #, City & State Zip	etc.	0		5. FEI Numbe		- (7)	Applied For Not Applica
34616	2 0 2	3 <i>A</i>	·		Country			E OF STATUS DESIRE	D 🔀 S8 /5	Additional Fee requi
7. Names and Stree Title(s) 1 2	Nam	e of Officers or Directors	Director (Flor		Street /	s must list at lea Address of Each and/or Director ost Office Box N	· · · · · · · · · · · · · · · · · · ·	4	City / State	/ <b>Z</b> ip
P/D D	AN	DAVIS	\$	1409		1 -	HY LANE	CKARH	ntol	FZ 3461
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DIS NA	NCY 1	POLINSA	24	6019	HUR	RAY HI	IL DR,	TAMPA,	FL	33615
DIT SU	SAN	DAVI	'S	1409	South	Betty	LANE	Clenkwnter	FL	34616
				<u>, , , , , , , , , , , , , , , , , , , </u>			1	00002 -01/28 *****3	071 <del>731-0</del> 06.25	301 <del>1169-003</del> ****306.2
8. N	Name and Addre	ess of Current Re	gistered Agen	ıt	Na	ıme	9. Name and A	Address of New Reg	Istered Age	nt
$\mathcal{D}$	911	DAVI	'S	,		·-	O. Box Number	is Not Acceptable)		
14	09 S	outh E	etty	LAN	Su	ite, Apt. #, Etc.				
	INK WIT	TER, T	L - 3	546/	Cit	у			State Z	ip Code
10. I, being appointed Signature of Registered Agent	1 the equistered a	Da	named corpore  LO  STERED AGE			d accept the obl	ligations of Section	on 607.0505, F.S.	10	1997
11. Does this Dept. of	s corporat Revenue	tion pay an under S. 1	y intangil 99.032, F	ble tax t Florida S	o the Statutes	s. Yes [	□ No 🔀	(See	other side for on intangible	
<ol> <li>I do hereby certify lease the Division certify that I am a this reinstatement fees owed by the under oath</li> </ol>	In Officer or direct	tor or the receiver	or trustee emp	powered to e	ecute this	application as p	rovided for in ch	n stated in Section 1: ation supplied is deer apter 607 or 617, F.5 ts of section 607.045 signature shall have	ned exempt i S. I further ca	from public access. artify that when filin

SIGNATURE: DAN DAVIS Dom DOLLAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-19-97 (813) 893-3304