PLEASE READ ALL	INSTRUCTIONS	BEFORE COMPI	LETING THIS FORM
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ΔΡΙ	PLICAT	ION		FLORID.	A DEPARTME	NT OF STATE	≣]			
, A.		ION			Sandra B. Moi	tham				
	FOR			)	Secretary of S	State	1			
REIN	ISTATE	MENT		D	IVISION OF CORPO			Lane Lane	L.	
DOCUMENT# <b>N37849</b>						98 NOV 30 PI	4 3: 40			
1. Corporation Name					CEODETA DV OE STATE					
	WALTO F POLK			E NUMB	BER 44, FRA	TERNAL O	R	SECRETARY OF TALLAHASSEE.	FLÖRÍÐA	
Principal P	Principal Place of Business Mailing Addre			ess		1				
P.O. BOX 965 P.O. BOX 96 FT WALTON BEACH FL 32549-0965 FT WALTON		95 BEACH FL 32549-0965								
					nformation and entering Office Address, If		REINS	TATEME	VT OS (	
New Principal Office Address, if Applicable 3. New Maili			ing office / tourous, in	, фр.,	To Do Busi	ness in Florida	ON OCCUPANT			
Suite, Apt. #, etc. Suite, Apt. #,			etc. 5. FEI Numb		r	04/26/1990 Applied	F			
City & State City & State			o. 12 manuel		59-3011625	<del>    '''</del>				
ony a sale				<u></u>	30 00 1 1023	Not App	20 Table 200			
Zip		Country		Zip	Countr	y		E OF STATUS DESIRED 🔲	\$8.75 Additional Fee I for a Certificate of S	required Status
									The first supplified the	-t <del>i-S</del> atisti-ch
7. Names	and Street Ad			or Director (Flo	rida nonprofit corpora			T		
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number		umbers)	City / State / Zip				
PD	BROWN, TIMOTHY		3583 BUCKHORN DRIVE			CRESTVIEW FL 32536				
D	SPINELLA, STEPHEN SPENELLA, STEPHEN		105 WRIGHT PARKWAY, #24 2609 WENDSOR LANE		FORT WALTON BEACH	HFL 32547 BEACH FLORE	DA 32547			
D H <del>OLLAND, GEN</del> E			671 MERIONETH DRIVE, NE		Ξ	FT WALTON BEACH	FI 32548			
HOLLAND, GENE		671 MERTONETH DRIVE, NE		NE	FORTWALTON BE	ACH, FLORIDA	<b>3254</b> 7			
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								<del> 12/03/98</del>	OTITO- DIC	<del></del>
						- ···		****236_	<del>25 ****236</del> ,	. 25
8. Name and Address of Current Registered Agent						9. Name and	Address of New Registe	red Agent		
						Name				E040 (9/98)
BROWN, TIM					Street Address /	P.O. Box Number	is Not Acceptable)		—— \$	
	SEOS DITUTUDA DONE						DOX HANDON			ង្គែ

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

CRESTVIEW FL 32536

MATURE REQUIRED REGISTERED AGENT MUST SIGN

11-19-98 Date

State

Zip Code

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes 📰 No 🗵

Suite, Apt. #, Etc.

(See other side for information on intangible tax.)

12. I certify 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 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 form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.