	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICA FOI	ROYA	FLORID	A DEPARTMEN  Katherine Ha  Secretary of S	rris			
REINSTAT	IEMENI ***	DI	VISION OF CORPOR	ATIONS		FILED	
DOCUMENT # <b>N93000005238</b> Corporation Name					99 NOV -8 PM 2: 05		
HE STIRLIN	IG ROOM, INC.				SEI	CRETARY OF STATE LAHASSEE, FLORIDA	
Principal Place of Business Mailing Addr			ess				
331 DAVIE ROAD EXT. 7331 DAVIE FL 33024 DAVIE FL 3			/IE ROAD EXT. . 33024				
	are incorrect in any way, line t fice Address, If Applicable		eformation and enter cong Office Address, If A			STATEMENT 99	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Numbe	11/19/1993	
City & State		City & State	City & State			65-0451927 Not Applicable	
lip Country		Zip	Zip Country		6. CERTIFICATI	E OF STATUS DESIRED   \$8.75 Additional Fee require for a Certificate of Status	
'. Names and Stree	et Addresses of Each Officer an	d/or Director (Flo			l 3 directors)		
Title(s)	Name of Officers end/or Directors 2		Street Address of Each Officer and/or Director 3			City / State / Zip	
DP VINNIN	VINNING, J. RUSSELL		1240 N. 74TH TERR.			PEMBROKE PINES FL 33024	
DVS SEROT	S SEROTTA, CHERIE		4357 SW 53RD AVE.			DAVIE FL 33314	
DV ARMANO, RALPH			5209 SW 91ST AVE.			COOPER CITY FL 33328	
DT CARBERRY, ROBERT C			521 NW 93RD TER			PEMBROKE PINES FL 33024	
1						300003053268\$ -11/23/9901061016 ****245.00 ****245.00	
	Name and Address of Currer	ot Registered And	ant		9 Name and	Address of New Registered Agent	
				Name	o. Italijo dila i	audiose of flow registered right	
ARMANO, RALPH L 5209 SW 91ST AVE				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
COOPER FL 33	5326			City		State Zip Code	
						FL	

SIGNATURE: RALDH L. ALMAND DV. Rollf & Company 1/6/99 954-434-5938

11. 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.