PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
	A DEPARTME	NT OF STATE		
FOR	Sandra B. Moi Secretary of S			
REINSTATEMENT	IVISION OF CORPO			
DOCUMENT# 1 144 CCC 31 1				98 OCT 26 PM 12: 30
Destined for Unity	•		SECRETARY OF STATE	
				TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address VINCENT M. David 1212 300 AUE-W.				
-Pounetto, FL 34221				
, , , , , , , , , , , , , , , , , , , ,				
If above addresses are incorrect in any way, line through Incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorp.	orated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	ness in Florida
city & State Tumpa Florida City & State	n E		65-05	Applied For Not Applicable
BOUR HITSDOTO BOUNTY	Countr	SMO	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/or Director (Fig. Name of Officers)		ations must list at lea		
Title(s) and/or Directors Officer and/or D 1 2 3 (Do NOT Use Post Office		eet Address of Each ficer and/or Director se Post Office Box N		City / State / Zip
President W. Davis	5110 28th	AVE EOS	1#B	Tampa, FL 33619
vice P Plachael R. Brooks	5110 3860	AVE. East	#B	TampaiFL 3349
Treasure Donald Smith 2305 15t		AVE. E		Bradentoniet Palmetlo, FL 34221
			1711))00026740803
	DEIM	OTATES	aeatt	-10/29/38-17031-005 G (****G)3.75 (5****428.75
	KENA	SIAIEN	VEIA1	13/26/98
8. Name and Address of Current Registered Agent Name			9. Name and A	Address of New Registered Agent
VINCENT-M. DOWIS 1212 310 AVE.W Street Addr 5 110			سترير ماللاه	s (Not Acceptable)
DAIMEHA II 211221 Suite, Apt. #, Etc.			20 10116	Last
Lower Guo II C Dages	. :	STOWN ON		State Zip Code
10. 1, 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 Date ON TOTAL 1998 REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #				