PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION	FLORIDA DEPARTM	ENT OF STATE	APPROVED
FOR	Sandra B. M		
REINSTATEMENT	Secretary of State		FILED
DIVISION OF CORPORATIONS			OR COT LO
DOCUMENT # ORLANDO & RANCHES Steel ORCh			98 OCT 19 All 9: 32
1. Corporation Name			CENDETADY OF OTATE
7043 Kensinalan ling 31,17			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ublando EC 35818 BCDT			
Principal Place of Business Mailing Address			1
7043 Kausinglas High RUD			
9 Rlando FC 3 2818			Canora
35618			REINSTATEMENTOS-as
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable. New Mailing Office Address, If Applicable.			
41		, it Approache	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For
City & State City & State			Not Applicable
Zip Country	Zip Cou	ntry	6. \$8.75 Additional Fee required for a Certificate of Status
			19a+,quety(+
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each			
Title(s) and/or Directors Officer and/or Director. City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4			
20 1. O. TOY3 Keusius Tou High			
DY YOLANDA TELFA	St Ollans	40 FC 32	818 Ollando FL, 32818
DV MAISHA Emmanual Dyskensington High Blue Chando FC 32818			
DT Roy BELFAST DOY3 Kausington HighBle ORTando FC 3281			
DE Lyn Heuderson 3706 Ch		Lales C	t - Ollando Fi 32818
200			
DS CMEROID HOMAS SOIS LOW		grown to	og circle Olbudo Fc 32898
	Ì	5	5 In-101-98
8. Name and Address of Current R	Registered Agent		9. Name and Address of New Registered Agent
			V. 1981
golanda BalfASt			P.O. Box Number is Not Acceptable)
7043 Kousington Hig	IN DUOD	Costo Ant # Etc	5000026684550
ORlando FL, 3281	. જે	Suite, Apt. #, Etc.	-10/20/9801078002
•		City	FL Ziposaile i
10. I, being appointed the registered agent of the above	/e named corporation, am familiar	with and accept the of	
Signature of Flegistered Agent Date 10-19-98			
Flegistered Agent Date Date Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
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 filing 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 ail 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.			
NO MARINE VOI MARINE KEI FOST WILLIAMS IN-10-98			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dafe Daytime Phone #			