,•	DI EASE DEAD	ALL INCT	FRUCTIONS	BEEODE O	OMDI ETI	ING THIS EO	DM.		
API	PLICA	FLORID		IT OF STATE	1	ING THIS FO	nivi.	107	
REIN	STATE OF LEASE	tate ATIONS	FILED						
DOCUMENT # P0000001897 1. Corporation Name						OI NOV -5 PM 5: 37 SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business Mailing Address						#### PO ### # # ### PO ### # # #### #	8(1) 88(8) 21 88) 18(10)	iifi (18) (33)	
508 INLET RD. 508 INLET RD. NORTH PALM BEACH FL 33408 NORTH PALM BEACH F									
If above a	addresses are incorrect in any way, line th	rough incorrect in	oformation and enter o	correction helow					
			ing Office Address, If		Date Incorporated or Qualified To Do Business in Florida 01/03/2000				
			ite, Apt. #, etc.			5. FEI Number Applied For			
		City & State	<u></u>		6.	<u>470434</u>	\$8.75 Addition	ot Applicable	
	and Street Addresses of Each Officer and				<u> </u>	OF STATUS DESIRED L	for a Certifica	ate of Status	
Title(s)	Name of Officers and/or Directors		Stre	eet Address of Each icer and/or Director		c	ty / State / Zip		
P			508 INLET RD.		NORTH PALM BEACH FL 33408				
• :									
				No.	90	00047 -12/11/01	1 9399 01084	015	
<u> </u>				· ·		*****150.	00 ****1	50.00	
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			Į			X		}	
8. Name and Address of Current Registered Agent Name						ddress of New Regist	ered Agent	(8/01)	
	ER, BRIAN A		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)					
508 INLET RD. NORTH PALM BEACH FL 33408					Suite, Apt. #, Etc:				
				City			State Zip Code	~	
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, am familiar wi	th and accept the ol	oligations of Secti	on 607.0505, F.S.	· = · -		
Signature o		2] -					16.		
Registered	Agent	EGISTERED AG	ENT MUST SIGN			Date/O,	112101		
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the application is true and accurate, and my s	solution has been names of individ	eliminated, the corpo- luals listed on this form	rate name satisfies n do not qualify for.	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., th	at all fees	
SIGNAT		34)00				10/12ki	561-3	26.00.39	
	SIGNATURE AND TYPED OR PE	IN (ED NAME OF S	SIGNING OFFICER OR D	RECTOR		Date	Daytime Phone (¥	

Daytime Phone #

2017

October 12, 2001

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On October 12, 2001, I received a letter stating my corporation was being revoked. After calling the Department of State, they informed me that they had previously mailed two other letters stating the same.

I have never missed a payment, or made a late payment my entire life. I am a law abiding citizen, and a registered voter. Unfortunately, as I stated before, I did not receive the first or second notice. If I had received the first notice, I would have paid it immediately, and as for the second, I would have called right away like I did when I received the letter on 10/12/2001.

I hope you can over look this and enclosed is my payment for \$150.00 to reinstate my corporation.

-Thank you-in-advance-for-you assistance-in-this-matter.-

Sincerely,

Brian Weaver