

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPENDIX
AND
FILED

403 OCT 16 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A standard linear barcode is located at the bottom of the page, spanning most of the width. It is used for tracking and identification of the journal issue.

REINSTATEMENT 2003

Principal Place of Business	Mailing Address	
16330 MELLEN LANE JUPITER FL 33478	16330 MELLEN LANE JUPITER FL 33478	

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/2002	
City & State		City & State		5. FEI Number	Applied For
Zip		Country		161646455	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWS, THOMAS P 16330 MELLEN LANE JUPITER FL 33478	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/09/03

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 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 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

~~STONAGE~~

Thomas F. Hays

10/09/03 81-575-2997

Date

Daytime Phone #