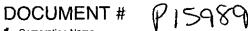
PLEASE READ ALL INS	TRUCTIONS BEFORE	COMPLETING	THIS FORM.
			- Ab-u-let at 15 fact :

CORPORATION . REINSTATEMENT	
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## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION	AE CAL		TIONE
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SECRETARY OF STATE

1. Corpora		OR, INC.						nu, i Donie	<i>y</i> e.		
2. Principa	al Office Addr		3. Mailing O	ffice Address					,		
13100	56th Co	urt North	13100 50	6th Court North			<u>.</u>				
Suite, Apt. #, etc. Suite 710		Suite 7	Suite, Apt. #, etc. Suite 710			4. Date Incorporated or Qualified To Do Business in Florida May 1988					
City & State	,	•	City & State			5. FEI Numbe					
	ater, F		Clearwa	<del></del>		16=0833	3701		Applied For Not Applicable		
Zip 33760		USA	33760		Country USA	A	OF STATUS DESI		Additional Fee required Certificate of Status		
			7. N	ame and Add	iress of Current Regi	istered Agent					
	Thomas Mc Cabe c/o Búfkor, Inc09/20/000100205					1020 <b>1</b> 5 ****** . 75					
	City		Suite 710 Clearwater		 		-09/20 State***20	<u> </u>			
8. I, being Signature o Registered	· -	e registered agent	named corpo			he obligations of section		17.0503, F.S. eptember	6, 2000		
9. Names	and Street A	ddresses of Each C	Officer and/or Director (Flo	rida nonprofit	corporations must list	at least 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		Zip				
Pres.	A.L.	Unger		13100	56th Court N	N.,Suite 710	Clearwat	er, Fl	33760		
V.P.	R. Ma	rtin '		13100 5	66th Court N	.,Suite 710	Vlearwat	er, Fl.	33760		
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			<u> </u>	ENS	TATEN	ENT 40	00				
							MASS SECTION	M/h/	J		
<u> </u>						وسنية المستوي وا		<u> </u>			
			<del></del>								

10. Lecrtify 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:

SIGNATURE AND TYPED OR PRINTED WAILE OF SIGNING OFFICER OR DIRECTOR

Reginald Martin

09-07-00

727 572-9991

Date

Daytime Phone #