

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18831

1. Corporation Name

SINGER ACQUISITION HOLDINGS COMPANY

Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD.
SUITE 200-A
TAMPA FL 33607

1111 N. WESTSHORE BLVD.
SUITE 200-A
TAMPA FL 33607



REINSTATEMENT

98

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

04/14/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1230713

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	FREEMAN, JOE B.	1111 N. WESTSHORE BLVD. SUITE 20	TAMPA FL
D	GAIN, PAUL W.	1111 N. WESTSHORE BLVD. SUITE 20	TAMPA FL
D	GARDNER, STEPHEN K.	1111 N. WESTSHORE BLVD. SUITE 20	TAMPA FL
S	TERENZI, JANET	1111 N. WESTSHORE BLVD. SUITE 20	TAMPA FL
			600002697896--9 -11/30/98-01116-002 ***750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

11/17/98

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 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)(f), 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:

JANET TERENZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/98
Date

832868289
Daytime Phone #

CR2E040 (9/98)