PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FLOR FOR REINSTATEMENT			PARTMENT a B. Mort etary of St of CORPORA	ate	FILED	
DOCUMENT # P 92 DOODD 4502 S'IGN FX, INC.					97 APR -8 AM 10: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Busin 9// N. W UNIT / PEMBRO If above addresses are 2. New Principal Office	. 209 AVE SE PINES e incorrect in any way, line thro	Mailing Address VUE FLA - 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3			REINSTATEMENT 95-97 MW 8 4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			5. FEI Number Applied For	
ip Country		Z _i ρ Country			6. \$8.75 Additional Fed required	
7. Names and Street A	ddresses of Each Officer and/	or Director (Florida non	profit corporati	ons must list at lea	To a commence of states	
Ġ13	ESOFNT ORGE GO CRETARY NA GOR	RDON 91	11 NW	208AU	70002139557-2 -04/10/97-01086-013 ***1080.00	
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent	
. GEORGE R. GORDON /8048 SW /4 ST. PEMBROKE PINES, FL 33029 10. 1, being appointed the registered agent of the above named corporation, am familiar will				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State State Lip Code FL Ith and accept the obligations of Section 607,0505, F.S.		
Signature of Registered Agent	fence R fence	Andm GISTERED AGENT MU ANY INTANGIBLE 1	ust sign tax to the)	Date 4-4-97 (See other side for information	
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 filling 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: August 1. August 2. August 3. August 3. August 4. August 5. Bate Daylime Phone #						