PI FASE BE	FAD ALL INSTRUC	TIONS BEFORE (	OMPLETING THIS FORM.	
APPLICATION FOR	FLORIDA DEPA Sandra	ARTMENT OF STATE  B. Mortham  tary of State		
REINSTATEMENT	DIVISION O	F CORPORATIONS	DIVISION OF CORPORATIONS	
DOCUMENT # P93  1. Corporation Name JA. B.	LOCOO 1463 Internation	ial Trading (	00.00=	
		200		
Principal Place of Business	Mailing Address	720	MALLIZI	
1013 Farrway Whater Park, 32792	Flor)da	.510	00014631	
If above addresses are incorrect in any way,  2. New Principal Office Address, If Applicable	<del></del>		4. Data Ingerporated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	nagross, it i ipplication	4. Date Incorporated or Qualified To Do Business in Florida  10/29/97	
City & State	City & State		5. FEI Number Applied For Not Applied For	
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 Office		<del></del>	<del></del>	
Title(s) Name of Officers Street Address of Each Officer and/or Director City / State / Zip  1 2 3 (Do NOT Use Post Office Box Numbers) 4				
Prester Jafferson A. Bootes 2708 Deer Berry CF Longwood F1 32779				
V.P. Dr. Samuel P. Marth 1244 Springlake Drive Orlando, El 32804				
DN Harold Magure Two North Blackford Ave Occes F1 32%/				
DIA HOLOIG INTA	94,10	ONLY CHEST	TOTO FOR OCCEPT TO JE 76)	
8. Name and Address of Co	urrent Registered Agent		Name and Address of New Registered Agent	
Jefferson A. Bootes		Name	(1989)	
2 708 Deer Berry Cr			Street Address (P.O. Box, Number is Not Acceptable)  Street Address (P.O. Box, Number is Not Acceptable)  Suite, Apt. #, Etc10/14/38-01001 010 6	
2708 Deer Berry Cr Long wood, Fl. 32779		Suite, Apt. #, Etc.	***1683.75 ***1683.75  City   State   Zip Code	
10. I, being appointed the registered agent of				
Signature of Registered Agent Agent Must Sign  Date 10/13/98 Mp.				
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 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: 1/10080m A. Bootes Jefferson A. Bootes 10/13/28 (407)829-4433				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day sine Prione #				