

APPLICATION  
FOR  
REINSTATEMENT



FILED

### 1. Corporation Name

2005 OCT 24 PM 3: 44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

PO BOX 162825

MIAMI FL 33116-2825

**REINSTATEMENT** 01-05

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip	Country
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01/08/1993

65-0390005

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BISKUP, SCOTT M	9350 SW 61ST WAY #D	BOCA RATON FL 33428
		27900 SW 164 CT	Homestead Fla
		500060896495	
		10/24/05--01056--001	**1050.00
		4/28/03 01022 0021	300.00

**9. Name and Address of New Registered Agent**

Name Michael Scott Bishop

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

27900 SW 164 CT

Suite, Apt. #, Etc.

City Homestead

State  
FL

Zip Code

33031

Signature of  
Registered Agent

Date 10/20/05

REGISTERED AGENT MUST SIGN

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E040 (8/01)