PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN -2 AM 10: 45 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name ny way, line through incorrect information and enter correction below. ^{; ાંત્ર}િલિવિવા^ગે Not Applicable \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Flonda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip 17 SE 2 nel 300032048013- -01/07/97--01076-<u>-01</u>0 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent E SANDY BRI ACCOUNT AGEN O. Box Number is Not Acceptable 5718 Hollywood Barler Zip Code Holly wood 10. It being appointed the registered agent of the shove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ki), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(ki) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director or the receiver or trustse empowered to execute this application as provided for in chapter 807 or 817, 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 r. F.S. and that all fees owed by the corporate in have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under each.

12-30-96 1954,1927-10,50

under oath.

SIGNATURE