PLEASE READ	ALL INSTRU	JCTIONS	BEFORE C	OMPLET	ING THIS FORM		
APPLICATION FOR 98-99 AR	FLORIDA D K a Se		NT OF STATE rris tate				
DOCUMENT # 1993000009041				99 JUN -7 - ATTO: 17			
1. Corporation Name RICKS: MARING SKI		TALLAMAS SALECTION DA					
Mailing Address Mailing Address 3218 SW ESCHROLE St. Scrifts Port St. Lucie, F1, 34953							
If above addresses are incorrect in any way, line through incorrect information and enter continuous office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable					orated or Qualified	<i>a</i> =	
Suite, Apt. #, etc. Suite. Apt. #, etc.				5. FEI Number	<u>~('1)</u>	9.5 Applied For	
City & State City & State				65-0	390 <i>52</i> 3	Not Applicable	
Zip Country	Zip	Country	<u> </u>			75 Additional Fee required or a Certificate of Status	
Title(s) and/or Directors Off			et Address of Each cer and/or Director e Post Office Box N		City / St	ate / Zip	
BERCHRICHARD MODIFIED 3218 SW ESCHROLEST PORT STLUCIE							
				60	0002907 -06/17/990 ****300.00	1762 1017002 ****300,00	
						-	
					98-99	TS	
8. Name and Address of Current I	Name and Address of New Registered Agent Name						
Port St Luce Fr 34953			Street Address (P.O. Box Number is Nol Acceptable) Suite, Apt. #, Etc.				
							City
			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 Pagent REGISTERED AGENT MUST SIGN Date				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for information on intargible 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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR SIGNING OFFICER O							

Division of Corporations Po Box 6327 Tallahassee Fr 32314

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Thank your for the recent reguest

FRE FORM 2003 Remetatorent (Coep).

Both notices Fore 1998 principal

PITE Fee were not received by me

and work returned to your office

AS per my cenoasiation on Spailage

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ASASD I work you

School Marie Marien

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