, AR	PLEASE READ A	FLORID	FRUCTIONS  A DEPARTME  Sandra B. Mo  Secretary of  Invision of corpo	NT OF STATE ortham State	-	TING THIS FORM AFFI (OV AND) FILED	ED 
B. F. NORMAN, INC.  28  Orange Principal Place of Business Malling Addh			BORMAN, INC. BORMA		97 NOV 19 PM 3: 24  SECRETARY OF STATE TALLAHASSEE, FLORIDA  97-AR		
2. New Pr 1341 Suite, Apt. City & State 210 320	#, etc.	3. New Mail Sulte, Apt. #, City & State CRANY Zig ZDC	ing Office Address, II 869 GATA etc. Pe Panek Count	Applicable Wy BLVD  FL  TY  KAX	5. FEI Numbe  6. CERTIFICATI	59-3182587	Applied For Not Applicable  75 Additional Fee required or a Certificate of Status
Title(s)	Name of Officers and/or Directors	Şt O	reet Address of Each fficer and/or Director Jsc Post Office Box I	)	City / State / Zin		
P	NORMAN, BRIAN F	2869 GATLING	2869 GATLING BLVD		ORANGE PARK FL		
D	B.F. NORMAN INC		2869 GATLING BLVD			ORANGE PARK FL	
	8. Name and Address of Current Re	egistered Age	nt			00002353 -11/20/97-1 ****165.00 (/, ///	****165.00 an 97
NORMAN, B F 2889 GATHING BLVD ORANGE PARK FL 32065				Name  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City  State  Zip Code			
io. I, being Signature o Registered	p appointed the registered agent of the above of Agent — Juan T	e named corpo	galon, am familiar w ENT MUST SIGN	ith and accept the ob	oligations of Section	on 607.0505, F.S. Date//-///	1-97
	is corporation owes or has angible Personal Property			ar Yes 🏹	No 🗌		e for information gible tax.)

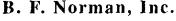
2. I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: \_

これを見ていていた。 ちゅうとく このない これを関係を見ないをない しょうしん アレンション・アイン

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-97 904-276-6080
Date Dayline Phone #



Brian F. Norman, President



November 14, 1997

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: DOCUMENT #P93000024005

Dear Sir:

March of 1993, I signed a five year lease at 1179-21 Blanding Blvd. In May of 1996, I received notice from the Postal Department that the address, after being in business for three years, was incorrect at this location. The incorrect address was 1179-21 Blanding Blvd., the correct address now is 1241-21 Blanding Blvd.

With the cooperation of the Postal Department in 1996, we decided the most efficient way to handle this major problem was to have ALL mail forwarded to my office address which is 2869 GATLING BLVD., ORANGE PARK, FL. 32065.

I proceeded to notify all major concerns with the proper change of address form provided by the Postal Department. The State of Florida, and the Federal Department of Taxes, were all notified under both of my corporate numbers, tax #20-00-013427/08, and FEI #59-3182587, of the address change.

Approximately March of 1997, the 1179-21 address became non-existent, as per the Postal Department. All mail sent to this address would be returned to sender.

To receive this notice of Dissolution was a shock to me. This is the only important piece of mail from State, or Federal that the address change did not reach the proper department. All were notified.

Enclosed is my check #7065, for the amount of \$165.00 with your application for reinstatement as instructed by one of your agents.

Sincerely,

Vallan T. Norman Brian F. Norman

President