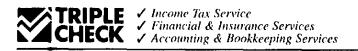
	DI EAGE DEAD	A) (NO			OMBI ET	INO TUIO FORM	
AP Q C REIN	PLEASE HEAD PLICATION INTERIOR AND	FLORID	TRUCTIONS DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE rtha m State	7	ING THIS FORM APPF AI FII	ROVEE ND Pri
DOCUMENT # P9 30000 33832					98 007 1.5		
1. Corporation Name					98 0CT 16 AH 8: 30		
Propesan, Inc.					SEGRETARY OF STATE FALL AHASSES, FLORIDA		
Principal Place of Business Mailing Address					1		(表)
St. Au	thedral Place, Suingustine, FL 3208 addresses are incorrect in any way, line the incipal Office Address. If Applicable	4 rough incorrect i	Suite 20° St. Augus information and enter	stine, FL correctio32084			The second secon
			iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 5/10/93		
			Apt. #, etc.		5. FEI Number		
Zip	Country	Zip	Countr	у	6. CERTIFICAT		75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	orida nonprofit corpora	ations must list at lea	ist 3 directors)		
Title(s)	Name of Officers and/or Directors 3 (Do NC			Street Address of Each Officer and/or Director Use Post Office Box Numbers)		City / Si	ate / Zip
ST PD	~ _ 			 1528 San Rafael W		St. Augustin	e ET 32084
					2		, , ,
					30000266 \$ 623—-8 -10/16/98-01077001 ****315.00 ****315.00		
						N. C.	}
				D 10/10			
	8. Name and Address of Current	Registered Age	ent	Name	9. Name and A	Address of New Registered	Agent
Arthur J. Ocuto 24 Cathedral Place, Suite 207 Street Address (F					.O. Box Number is Not Acceptable)		
St. Augustine, FL 32084				Suite, Apt. #, Etc.			
				City		State	Zip Code
	appointed the registered agent of the ab	ove named corpo	oration, am familiar wi	ith and accept the ob	oligations of Section		-
Signature of Registered	Agent.	EGISTERED AG	ENT MUST SIGN			Date	_
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
this reins owed by	that I am an officer or director or the rece statement application, the reason for diss- r the co rporation have been paid and the application is true and accurate, and my si	olution has been names of individ	eliminated, the corpo luals listed on this forr	rate name satisfies to m do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.04	101, F.S., that all fees
SIGNAT		tust	President	- q	30 98	Date (9 0 4) 8 2	9-6778
	SIGNATURE AND TYPED OFFR ARTHUR T		GNING OFFICER OR D	JIMECTOR .	•	Date Da	ytimo Phone #



320 Oscepla Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604

October 5, 1998

Division of Corporations ATTN: Ms. Stacey Prather P.O. Box 6327 Tallahassee, FL 32314

RE:

Propesan, Inc.

Application for Reinstatement

DOC#:

P93000033822

Dear Ms. Prather:

Upon renewal of the Fictitious Name for Propesan, Inc., the Registered Agent, Mr. Arthur J. Ocuto, was informed that his annual filing fee was last paid in April of 1996, resulting in automatic dissolution in September of 1997.

The corporation was in the process of moving and, therefore, the home address was added to the Annual Report for future correspondence. A copy of this report is attached.

Propesan, Inc. did not receive a report at 1528 San Rafael Way, nor at 24 Cathedral Place, Suite 207 (the new location) in 1997 nor 1998. Operating under a fictitious name, Mr. Ocuto presumed the Corporate Report was covering multiple years, as well.

Enclosed is check #6116 for \$315.00, which totals the \$165.00 1997 fee and the \$150.00 1998 fee. The Application for Reinstatement is also enclosed. On behalf of Mr. Ocuto, I am asking for abatement of the late filing penalties based on the statements contained herein.

Thank you for any consideration you may provide in this matter. Please contact me if you have any questions or need any additional documentation.

Sincerely,

Sheri A. Pye, Director Accounting Department

Shuri a. Rye