PLEASE READ ALL INS	TRUCTIONS BEFORE (OMPLETING THIS FORM.	
APPLICATION FLORID FOR REINSTATEMENT	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	3 また、これの大きなできた場合がある。などのは他のは他のなどがある。	
DOCUMENT # P93000046753 GARY LENSON, S.M.C., P.A		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
W ROSENTINUL & WOLDERT, P.A. 800 CAST CYPRESS CHEEK RD. SUITE 303 FT. LAUDERDALE FL 53334	ISUK 1 U 5 4 3 THAL & WOLFERT. P.A. OVERESS CREEK AD. BUTTE 300 TRANSE FL. 32231 TRANSE FL. 32318		
2 New Principal Office Address, If Applicable 3. New Mail 360 W Child Address, If Applicable 70. Be	information and enter correction below. ling Office Address, if Applicable 34 16543	4. Date incorporated or Qualified To Do Business in Florida	25/1983
City & State		5. FEI Number 65-0432171	Applied For Not Applicable
Zip 3351 Country SA Zip 333	318 Country USA	CERTIFICATE OF STATUS DESIRED 50 - 5	Add to only the medical of effect to the others.
Title(s) 1 Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State	/ Zip
D LENSON, GARY	8 20 W. Cakland H	TEBIVA. FT LAUGUS	34 6. FC 333SI
·		000020007 -11708795010 ****375.00	
Name and Address of Current Registered Age	jent	9. Name and Address of New Registered Age	7-94
ROSENTHAL, STUART S 600 PAST CYPRESS CREEK ROAD 555 SW.12 Th Are Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. W. Etc. Size Zip Code FL 33069 10. 1, being appointed the registered agent of the above names corporation, am familiar with and accept the billigations of Section 607.0505, F.S.			
	GENT MUST SIGN	Date 10/17/5	<u> </u>
Dept. of Revenue under S. 199.032, 12. I certily that I am an officer or director or the receiver or trustee e this reinstatement application, the reason for dissolution has been even by the corporation have been faild and the names of individent this application is true and accurate, and my signature shall be SIGNATURE:	mpowered to execute this application as a neliminated, the corporate name satisfies iduals listed on this form do not qualify for ave the same legal effect as if made under	the requirements of section 607,0401 or 617,0401 an exemption under section 119,07(3)(i), F.S. The	rtily that when filing
# HOSENTIAL, STUART S # BO EAST CYTESS CREEK ROAD # BO EAST CYTESS CREEK	TATION FL Street Address of Each Office and/or Director (Do NOT Use Post Office Box N ***********************************	REINSTATEMENT 4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0432171 6. CERTIFICATE OF STATUS DESIRED State of S	25/1963 Applied For Not Applicable Ans: / Zip 34 42 F2 3335 910-022 ****375.00 7-00 Prit Zip Gode 333069 ritly that when filing the fil