DIEACE DEAD	ALL INCTIONS	TIONS BEFORE (COMPLETING THE CODM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEP Sandra Secre	ARTMENT OF STATE a B. Mortham stary of State	FILED	
000	DIVISION	OF CORPORATIONS	97 JAN 21 PM 3: 44	
DOCUMENT # YYOUDCOURS			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
LIOYO BAGGETT INC.			WITHURST A	
Principal Place of Business Mailing Address				
Principal Place of Business Mailing Address 6327 EDGEWATER DR.			REINSTATEMENT 95-97	
ORLANCO, FL 32810			REINS I WILLIAM	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			DO NOT WRITE IN THIS SPACE	
New Principal Office Address, If Applicable	New Mailing Addres	ss, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida JULY 2, 1993	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State			5. FEI Number Applied For	
Zip Country	Žip	Country	59 - 3[9]207 Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonpi	rofit corporations must list at lea	lor a Certificate of Status	
Title(s) Name of Officers and/or Directors 3 (Do NO		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box N	City / State / Zip	
D/P/S LIOYO BAGGETT		27 EDGE WATER D		
•			4000020657447 -01/23/3701026005 ***1080.00 ***1080.00	
			DB1-7-07	
Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent	
			P.O. Box Number is Not Acceptable)	
6327 EDGEWATER DR.		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.	
OLLANDO, FL. 32810		City	State Zip Code	
10. I, being appointed the regions of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent X High W. Harman Date 1/17(9) REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 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 plason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., and that all fees owed by the corporation true herein paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath				
SIGNATURE: X HOLL WILL SIGNATURE AND TYPED OR PRINTED HANDOF SIGNING OFFICER OR DIRECTOR (17 [97] (407) 291-2116				