		PLEASE READ	ALL <u>I</u> NST	RUCTIONS	S BEFORE C	OMPLET	ING THIS FORM.	
APP REINS	PLICATE STATE	OK A	L	A DEPARTME Sandra B. Mo Secretary of VISION OF CORPO	State		FILED	
DOCUMENT # P 93 0000 50764							99 JAN -4 AM 8:53	
1. Corporation Name							-	
A		MMUNICATIONS			es inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address Moe HALLANMLE BEACH BY YOU HOLD HALLANMLE BEACH BY								
WALLANDALE FE 33009 WALLANDLE FE 33009								
		incorrect in any way, line thro						
New Principal Office Address, If Applicable New Mailing Office Address,					Applicable	Date Incorp To Do Busi	porated or Qualified ness in Florida	1
Suite, Apt. #	, eic.		City & State	Suite, Apt. #, etc.			Applied Fo	
Zip		Country	Zip	Count	ry	6.	Not Applied S8.75 Additional Fee req for a Certificate of Sea	uired
7. Names a	nd Street Ad	dresses of Each Officer and/o	or Director (Flo	rida nonprofit corpor	ations must list at lea	<u></u>	for a Certificate of Stat	us
Title(s)	Name of Officers Stre sitle(s) and/or Directors Offi			reet Address of Each filcer and/or Director se Post Office Box N	•	City / State / Zip		
DPST	6A~0	AU RONALD		YIUE HAL	LANDALC Be	ACUA BIND	HALLANDALE FL 33009	
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	8. Nam	e and Address of Current R	legistered Age	nt	Name	9. Name and	Address of New Registered Agen	
1. A~	ا ت مط	RONALD				.O. Box Number	is Not Acceptable)	CR2E040 (1/98)
410	E HA	RONALD LANDOLL BEA L FL 3300	cu Blu	a D	Suite, Apt. #, Etc.			CRZE
Hace	LANDAL	e FL 3300	29		City State Zip Code			
10. I, being a	appointed the	registered agent of the abov	e named corpor	ration, am familiar w	th and accept the ob	ligations of Secti) FL) on 607.0505, F.S.	
Signature of Registered A	gent <u>L</u>	mald Lashing	GISTERED AGE	ENT MUST SIGN	<u></u>		Date 12 30 98	_
11. This Inta	s corpo ingible l	ration owes or ha Personal Property	s paid the y tax due	e current ye June 30.	ar Yes 🔲	No 🖾	(See other side for information on intangible 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 filling 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.								
SIGNATU	JRE:	Ronald Land	7			<u> </u>	954 4589858	
	SIC	SNATURE AND TYPED OR PRIN	IED NAME OF SI	GNING OFFICER OR I	DIRECTOR		Date Daytime Phone #	ļ

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	G FEE AFTER MAY	151 15 \$550.00	Report Acont no	te opinione and unit
PROFIT		DA DEPARTMENT OF STATE	Horner tobe	who sent and
CORPORATION ANNUAL REPORT	s	andra B. Martham Secretary of State	CALLED THAT I	Hey were lestuched
1998	DIVIS	ION OF COMPORATIONS		1 to pute they
			HAVE NEVER C	me BACKTOUS.
DOCUMENT # Pa	93 0000 50764		+ Horefore you	ACKEDALCTER
Corporation Name	•		Be weinen	Alone with A
A- L KOMMUNICA	rions ANDELEC	TORENICS INC		FORM BE SCUT TO
		ereka in in ar		TURILIMINATE THE
Principal Place of Business	Mailing Address		Pennery Compini	
MOE MUNDALE BEN		andale Beach Blu	THANKS FOR	your corporation
HALLANDALE PL 330	or HILLAN	onle FL 33009	DO NOT WRITE	IN THIS SPACE. PRES PEA.
			3. Date Incorporated or Qualified	- 1
Principal Place of Business	2a, Mailing Addre	ess	4. FEI Number	Applied For
21	26		59-3196892	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	
24 25 25	29 29 ss of Current Registered Agent	30	Personal Property Tax due June 10. Name and Address of New Re	
9. Name and Addres	ss of Carrent negistered Agent	81 Name	to. Italile alto Address of New He	Jistered Agent
LANDAU, RONAL	LD	82 Street Ac	Idress (P.O. Box Number is Not Acceptable	e)
410 EHALLANDALE	E Beach Blub			- 178 - 174
HALLANDOR FL	400 مى تى تى	83		
	,	84 City		85 Zip Code
11. Pursuant to the provisions of Section	ons 607,0502 and 607,1508, Florida	a Statutes, the above-named co	rporation submits this statement for the pu	rpose of changing its registered
agent. I am familiar with, and accep	th the State of Florida, Such chang pt the obligations of, Section 607.0	ie was authorized by the corpor 1505, Florida Statutes	ration's board of directors. I hereby accept	the appointment as registered
	and U	florende	l. 6	. १८
	of and created popul and tile if applicable	ANOTE Constant Apost signature on	Control when coincipling	CATE
	of registered agent and fille it applicable. FICERS AND DIRECTORS	(NOTE Registered Agent signature req	autred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
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