PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLICATION FLORIDA DEPARTMENT OF STATE			•	
, FOR	Sandra B. Mortham Secretary of State		لبراي يحمل	
REINSTATEMENT	DIVISION OF CORPORATIONS		FILED	
DOCUMENT # PQSOOD 57042 1. Corporation Name			97 MAY -8 PH 3: 14	
Sincoast Entertainment Grove Inc			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address - Sa Walling Address - Sa Wa				
483. S. Collingswood Biva			TENENT 05-97	
Principal Place of Business Mailing Address - Smith 1982 483. S. Collingswood Blvd Murdock, FL 33948-2619			ISTATEMENT 45-97	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		4. Date Inc	corporated or Qualified usiness in Florida	
Suile, Apt. #, etc.	pt. #, etc. Surie, Apt. #, etc.		To Do Business in Florida 8/13/93 5. FEI Number Applied For	
City & State	City & State	1.65		
Zip Country	Zip Country	6. CERTIFIC	CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each				
Title(s) Name of Officers and/or Directors	Officer and 3 (Do NOT Use Post C	r Director	City / State / Zip	
P Paul J. Cola	483 S. Coll	ngswand	Murdock FL 3394B	
000002178440			0000021784400	
			***1088.75 ***1088.75	
			12-97	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
Corporation Services Company (CSC) Name (au) J. Cola Sugar Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.				
Street St				
Tallahassey fl 32301 Murdock FL 333948				
10. I, being appointed the registered igent of the bove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent /6. / (of Pagestered Agent MUST SIGN Date B/S/G)				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No 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 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 apparate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				