PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
APPLICATION , FOR 95-97 REINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	rtham State	FILED	
DOCUMENT # P93000061069 1. Corporation Name RESERVCO, INC.				
Principal Place of Business Mailing Address 2905 44 ST. NORTH ST. PRTERS BURG, FLORIZ		KIDA	3000021001737 -02/27/9701075005 ***1080.00 ***1080.00	
	If above addresses are incorrect in any way, line through incorrect information and enter correction below.		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable	s, If Applicable 3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida AUGUST 31, 1993	
Sulle, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For	
ST. PETERSBURG-FL.	City & State	VA EI	59-3200080 Not Applicable	
Zip Country	Zip Zip Zip Zip Zip Zip Zip Zip Zip		6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Elorida popprofil corpor	ations must list at lea		
Title(s) 2 Name of Officers 1 2	Str	reet Address of Each fficer and/or Director ise Post Office Box N	ch or City / State / Zip	
		REIN	STATEMENT 95-91 A.alan	
			2/24/91	
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent	
THOMAS E, PEEASE, P.A. Street Address		Name		
SUTE /30 CRITERION CRNTE		Street Address (F	(P.O. Box Number is Not Acceptable)	
29605 BOUS. HWY. 19 NORTH Sulle. AD		Sulte, Apt. #, Etc.	3, Apt. #, Etc. 8	
CLEAR WATER, FL. 34621		City State Zip Code		
10. I, being appointed the registered agent of the abc	ove named corporation, am familiar w	vith and accept the ol		
Signatule of Registered Agent RE	EGISTERED AGENT MUST SIGN		Date 2/23/97	
11. Does this corporation pay a Dept. of Revenue under S.	any intangible tax to th 199.032, Florida Stat	he lutes. Yes	See other side for Information on intangible tax.)	
lease the Division of Corporations from any liabili certify that I am an officer or director or the receing this reinstatement application the reason for disa	ity of non-compliance with Section 11 iver or trustee empowered to execut solution has been eliminated, the cou	19.07(3)(k) in the eve le this application as roorate name satisfic	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re- vent that the information supplied is deemed exempt from public access. I is provided for in chapter 607 or 617, F.S. I further certify that when filling fies the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made	
SIGNATURE: SIGNATURE AND TYPED ON PH	INTED NAME OF SIGNING OFFICER OR	DIRECTOR	02-20-97 (813) 82/6 777 Dete Daytime Phone #	