PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION FOR** FILED P93000071765 DOCUMENT # 99 JAN 25 PH 12: 10 1. Corporation Name SECRETARY OF STATE TALLAHASSLE, FLORIDA FAT INVESTORS, INC. Principal Place of Business Mailing Address 300 CLEMATIS ST -7391 -N.E.-OTH COURT W PALM BCH FL 33401 BOCA PATON FL-93487... HS If above addresses are incorrect in any way, tine through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10/08/1993 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0048618 Not Applicable Jest PALM \$8.75 Additional Fee required for a Certificate of Status Zin Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip PM LAUGHLIN, WILLIAM H 7391 N.E.8TH COURT BOCA RATON FL 3340 West Alm BACH, FL. 1123 AVONDALE CT. BOGA RATON FL West FALM BEACH, **VDS** LAUGHLIN, HELEN A 7391 N.E.8TH COURT 1/23 AVONDALE CT. EM. LAUGHUN, WILLIAM 1243 AVONDALE LANE WEST PALM BEACH FL IM MICHOLAOU, TIMOLEON 1127 AVONDALE COURT WEST PALM BEACH FL 33409 500002766345---02/05/99--01100--001 ****150.00° 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent LAUGHLIN, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) **7391 N.E. 8TH COURT BOCA RATON FL 33487** -02/05/99--01100--002 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent This corporation owes or has paid the current year (See other side for information Yes 🗹 No on Intangible tax.) Intangible Personal Property tax due June 30. 12.1 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

12-27-98 56-478-043