| | PLEASE REAL | ALL INST | RUCTIONS | BEFORE C | | ING THIS FORM. | |
|---|--------------------|------------------------|--|--|--|---|--|
| APPLICATION FLORID | | | DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | FILED | |
| DOCUMENT # 7930000 73027 | | | | | 98 MAY 15 AM 10: 12 | | |
| 1. Corporation Name An Eak, Inc. | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business G101 Pelican Bay Bluch Naples FL 34108 | | | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | | REINSTATEMENT 96 98 4. Date Incorporated or Qualified | | |
| 5117 Castello Dr. Stel Suite, Apt. #, etc. | | | | To Do Business in Florida 10/21/93 | | | |
| City & State City & State | | | | | 65-045853) Not Applicable | | |
| Zip 34 | UB Country | Zıp | Country | | CERTIFICATE | SB.75 Additional Fee required for a Certificate of Status | |
| 7. Names Title(s) | and/or Directors O | | | itions must list at lea eet Address of Each icer and/or Director se Post Office Box N | 1 | City / State / Zip | |
| D | Kusch, Gunnar 751 | | | 515 Pelican Bay Blvd Naples, FL 34108 | | | |
| | | | | | | (H) | |
| | | | | | 500002528557 -05/19/9801029012 | | |
| | | | | | c d | ****900.00 ****** 72585550000 | |
| | | | | | | -05/19/9801029013 ****150.00 ****150.00 | |
| | | | | | | | |
| 8. Name and Address of Current Registered Agent Name | | | | Name | 9. Name and A | ddress of New Registered Agent | |
| Amburn, James W. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| Imples El Zuna | | | | Suite, Apt. #, Etc. City State Zip Code | | | |
| 10. I, being appointed the registered agent of the above named apporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | | | | | | |
| Signature of Registered | | Imbur REGISTERED AG | ENT MUST SIGN | bames h |) Ambur | $N_{\text{Date}} = 4/2.7/98$ | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filing this reinstalement 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: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # | | | | | | | |
| | * | | | | | 941-649-1152 | |