DI EASE READ	ALL INSTRUCTIONS	S BEEODE C	OMDI ETING TH	IS EODM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mc Secretary of DIVISION OF CORPO	ENT OF STATE ortham State	7 ·		
DOCUMENT # P93000082556			FILED		
1			98 JAN 15 PH 12: 12		
Souran Financial Services, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			ALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address			-		MOIN
4691 D. University Dr. Same Suite 365					
Coral springs, FL 33067					
If above addresses are incorrect in any way, line thro	_	r correction below			
New Principal Office Address, If Applicable New Mailing Office Address. If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		11125195		
City & State	State City & State		5. FEI Number 65-04529	187	Applied For Not Applicable
Zip Country	Zip Coun	trv	6.	\$8.75 Add	ditional Fee required
			CERTIFICATE OF STATUS	DESIRED A for a Ce	ertificate 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) and/or Directors Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4					
D Richard R Dwyer, Jr 4691 D. University Dr. coral springs, FL 33067					
Z KIOWO II OTA		saik ape			RAD
			6000024060067 -01/21/9801014026		
•		<u> </u>			№ 1253.75
					į
•					
• • • • • • • • • • • • • • • • • • •		PAPPER RATE			<u> </u>
		MEINS!	ALEMENT	94-97	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Richard P. Dwyer, Jr. Name					
4691 D. University Dr.	Street Address (P.O. Box Number is Not Acceptable)				
Suite 365		Suite, Apt. #, Etc. 1 6 1998			
Coral Springs, FL 33	City State Zip Code				
10. I being appointed the registered apent of the above	e named of moration, am familiar v	with and accent the oh	ligations of Section 607 0505	FI '	
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			Date	1-14-98	
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to th 199.032, Florida Stat	ne utes. Yes	No 🗆	(See other side for into on intangible to	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissol- owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been eliminated, the corp ames of individuals listed on this fol	orale name satisfies ti rm do not qualify for a	he requirements of section 607 n exemption under section 11	7 0401 or 617 0401 E S	that all food
SIGNATURE: SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					