PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000084645

AUTHORIZED MANAGEMENT, INC.- FOUR

Principal Place of Business

-14802 NORTH DALE MABRY HAY:

Mailing Address

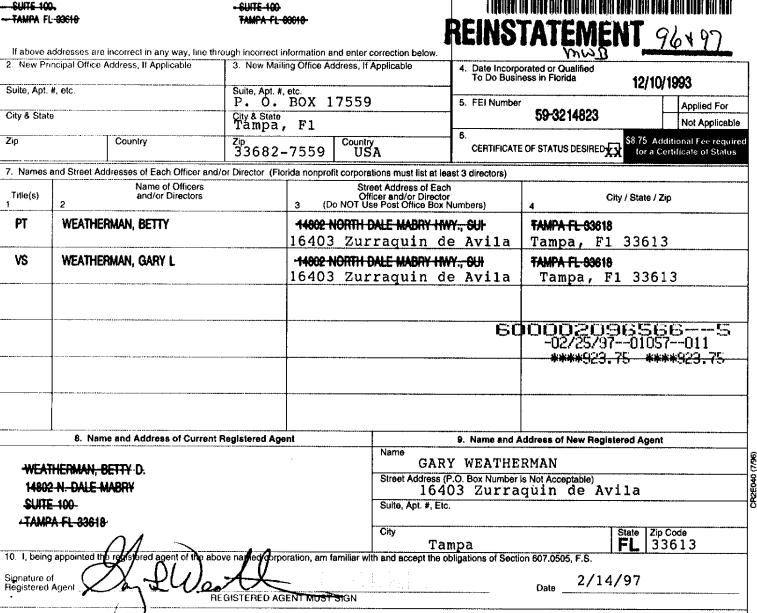
44802 NORTH DALE MARRY HWY.

SUITE 100

FILED

97 FEB 18 24 47

SEORETARY OF STATE FALLAHASSEE, FLORIDA



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

hate, and my signature shall have the same legal effect as if made under oath.

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

(See other side for information on intangible tax.)

SIGNATURE:

on this application is true an

GARY WEATHERMAN/V. Pres.
Date Date CA PRINTED NAME OF SIGNING OFFIS SIGNATURE AND

Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

2/14/97 Daytime Phone #