APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME  Sandra B. Mor  Secretary of S  DIVISION OF CORPO	NT OF STATE rtham State	FILED	* .
DOCUMENT # PO300000	36953 U	ne reigi	DEC 18 PM 3: 59	
	Environme		CRETARY OF STATE LAHASSEE. FLORIDA	
Principal Place of Business	Mailing Address		LWUMOOFF, FOUNDY	•
1/	5ui+e400 V 7202	0		•
If above addresses are incorrect in any way, line thr	ough incorrect information and enter of		TATEMENT	97-98-
New Principal Office Address, If Applicable     Sutte, Apt. #, etc.	New Mailing Office Address, If A     Suite, Apt. #, etc.	To Do Bus	porated or Qualified siness in Florida	NEW COLUMN COLUM
City & State	City & State	5. FEI Numb	3221517	Applied For Not Applicable
Zip Country  7. Names and Street Addresses of Each Officer and/	Zip Country or Director (Florida nonprofit corporat	CERTIFICA	TE OF STATUS DESIRED (for a	Additional Fee required Certificate of Status
Titte(s) Name of Officers and/or Directors	Stre Offi	et Address of Each cer and/or Director e Post Office Box Numbers)	City / State /	Zip
PR Miller Matth	LWS 1001 Fai	nnin Luik 4001	Nouston	,TX7700Z
1.50 Eragory T. Su	ingalis )			<u> </u>
VP JONUAN BLANKE	ield	5.	000027194 12/22/98-0/	076041
TR RUMAIA JUMES	> /		*****900.00	(****900.00 
			******8.75	310-042
8. Name and Address of Current Ri		9. Name and A	Address of New Registered Agent	<del></del>
CT Corporation	on System -	Street Address (P.O. Box Number	s Not Acceptable)	CH2E040 (12/96
1.1200 S. FINE D	7 225-1	Suite, Apt. #, Etc.	State   Zip	Code
10. I, being appointed the registered agent of the above	00027	ang accept the obligations of Section		
Signature of Registered Agent Conce Bay	STERED AGENT MUST SIGN	- Market and a second	Date	198
<ol> <li>Does this corporation pay an Dept. of Revenue under S. 1</li> </ol>	y intangible tax to the 99.032, Florida Statute	es. Yes No	(See other side for in on intangible to	
I certify that I am an officer or director or the receiver this reinstatement application, the reason for dissolut owed by the corporation have been paid and the nan	IOD has been eliminated, the comorate	a name satisties the requirements o	ficaction 607.0401 or 617.0401. EX	C that all face
on this application is true and accurate, and my signal	ture shall have the same legal effect a	as if made under oath.	. accada (13.07(3)(I), r.a. Tre inic	amailon indicated
SIGNATURE: SIGNATURE AND TOPE OF PRINTE	D NAME OF SIGNING OFFICER OR DIRE	Bryan J. Blankfield Vice President & Assistant Secr coon	Ptary Date Daytime Pt	папе#
	V			