PLEASE REA	AD ALL INSTRUCTIONS BE	FORE COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED
DOCUMENT # P94000021849 1. Corporation Name		SECRETARY OF STATE TALEAHASSEE FLORIDA
	cepts, Ltd., Inc	
	woo -2184	
2. Principal Office Address 2255 Clematis Stru Suite, Apt. #, etc.		They
City & State	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 7 7 9 4
Sarrasota, FL	City & State Sa Rasota, FL Zin Zin	3/11/1/7
Zip Country US A	34239 Country S A	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status
Name	7. Name and Address of Curren	nt Registered Agent
Ku	Fin, Denis	4000033500246
Street Address (P.O. Box Number of 2 2 5 5	is Not Acceptable) 5 · Clematis stree	-08/08/0001080012
Suite, Apt. #, Etc.) () () () () ()	
city Sarasot	9	State Zip Code 54 2 3 9
		ccept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date <u>× 7/17/00</u>
	and/or Director (Florida nonprofit corporations mus	set list at lanet 2 directors)
Titles Name of Officers and/or Director	Street Addres	ess of Each
PEERA DILL ON TE	ors Officer and/o	or Director City / State / Zip
WIER DENIS - KULL	N	X-82000 - FL-34279
<i>y</i> ,	:	4000033500246 -08/08/0001080013 ***1350,00 ***1350,00
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		KE
owed by the corporation have been paid and the on this application is true and accurate, and my	issolution has been eliminated, the corporate name he names of individuals listed on this form do not que y signature shall have the same legal effect as if many the	941-951-6285
SIGNATURE: SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT 6/13/00 504-891-3500
\sim		Date Dayune Frone #

SIGNATURE: