

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~WAB000026792~~  
Mailing Address

**REINSTATEMENT** 016

3. Date Incorporated or Qualified <b>07/05/1994</b>		3a. Date of Last Report <b>01/25/1996</b>	
4. FEI Number <b>65-0503652</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

SIGNATURE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

DATE 11/23/08

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	900002715339-6		
2.3 STREET ADDRESS	-12/18/98--01066--008		
2.4 CITY - ST - ZIP	****900.00 ****900.00		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

**SIGNATURE:** [Signature] **REQUIRED**

CR2E034 (4/97)