	· · · · · · · · · · · · · · · · · · ·		
PLEASE READ A  APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Moi Secretary of S	NT OF STATE rtham State	ETING THIS FORM. FILED
DOCUMENT # 204 1777 53/38		HATIONS	97 APR 21 AM 8: 54
1 Compression Nome	393106	Talo	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DREAM CATCH	HER STABLE		
Principal Place of Business	Mailing Address		REINSTATEMENT 05-9
16050 S.E. 30 ST. MORRISTON, FL 32668	CO JOAN M. 10615 S. EDWART	HERMAN ROP SBURG, MI	D
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable	ugh incorrect information and enter  3. New Mailing Office Address, If		Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do	Business in Florida JULY 19, 1994
City & State	City & State	5. FEIN	9- 329/873   Applied For Not Applicable
Zip Country	Zip Counti	y 6. CERTI	FICATE OF STATUS DESIRED State of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at least 3 directo	rs)
Title(s) and/or Directors	Of	ficer and/or Director se Post Office Box Numbers)	City / State / Zip  EDWARDS BURG
SIRECTOR TOAN M. W.	mc 15311	HUNTING GE TRAIL	GRANGER, INDIANA 46530 INDIANA 46530 100002155400-1 -04/25/37-01079-009
8. Name and Address of Current R	egistered Agent		and Address of New Hegistered Agent ** 1097. 50
		Name TULES	
WILLIAM G. O		Street Address (P.O. Box Nu	mber is Not Acceptable)  S. 30 S. S. TKEET
- DECEASE	FD -		State Zip Codo
10. I, being appointed the registered agent of the above	e named corporation, am familiar wi	City ORRIS Th and accept the obligations of	FL 32668 Section 607.0505, F.S.
Signature of Registered Agent X	GISTERED AGENT MUST SIGN		Date @ 4-15-97
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)			
this reinstatement application, the reason for dissolu	ution has been eliminated, the corpo ames of individuals listed on this forr	rate name satisfies the requiren n do not qualify for an exemptio	n chapter 607 or 617, F.S. I further certify that when filing nents of section 607.0401 or 617.0401, F.S., that all fees on under section 119.07(3)(i), F.S. The information indicated
SIGNATURE: SIGNATURE AND TYPED OF PRIN	VILLEMO - J TED NAME OF SIGNING OFFICER OR D	OAN M. WI	LL/AMS /-800-837-2392