PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FLORIDA DEPARTME FORA Katherine Ha	NT OF STATE arris State
DOCUMENT # 09400084558	RATIONS [1] [E]
1. Corporation Name	5 FUX - 3 IN 2015
GARY M. ONIK, M.DPA	
4299-	1992 TOWERSHERLONGA
Principal Place of Business Mailing Address	29.
SILA SANDIONIRE BEVE	REINSTATEMENT TO POPULATION OF THE POPULATION OF
ORLANDO FL. 32819	
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If	Applicable 4. Date Incorporated or Qualified
Suite, Apt. # etc. WEST OAK STAGE Suite, Apt. #, etc. 8443 HOWN	To Do Business in Florida 11-14-94 ORTH CIRCL 5. FEI Number Applied For
City & State City & State Orlunde	FL 59-3276588 Not Applicable
21934741 Country OSEOLA: 21932819 Country OR	ANGE. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each	
Title(s) and/or Directors Of	ficer and/or Director City / State / Zip se Post Office Box Numbers) 4
PRES GARY ONIK 8443 1	FOXWORTH CIRCLE ORLANDO FL 32819
	8000027666785 -02/05/9901121001
	******8.75 ******8.75
	90002766 678 5 -02/05/9901121002 ***1050.00 ***1050.00
Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GARV ONIK	Name GARY ONIK
GARY ONIK 8129 SANDPOINTE BLVD	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.
ORLANDO FLORIDA 32819	City ORLANOU State Zip Code FL 328 P7
10. I, being appointed the registered agent of the above harried oprporation, am familiar wi	th and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent. Date 129199 Date 129199	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No No Note Note No No Note No Note No No Note No No No Note No No No Note No	
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 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 on this application is true and accurate, and my signature shall have the same regal effect as if made under oath.	
SIGNATURE: Day MM	1/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I	DIRECTOR Date Daytime Phone #