* * The Court of the Art All INCO		
	A DEPARTMENT OF STATE Sandra B. Mortham	
DEINIGTATEMENT	Secretary of State VISION OF CORPORATIONS	
DOCUMENT # - P94000086666		98 NOV -t PM 3: 13
1. Corporation Name Rowald D. Cook , P. A.		
701,11		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 777 South Hosebore Island Baleurd		
TAMPS, FlORIDA 33602		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1//30/94
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State	eic.	5. FEI Number 59 - 3286 / 36 Not Applicable
TAMPA, PC Country / A Zip	Country	6. CERTIFICATE OF STATUS DESIRED 2 So.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flor		ast 3 directors) 1 0 0 0 2 6 8 4 6 2 1 1
Title(s) Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box	CNV7-State / Zio
18,7,5,D, Rouslet Cak 777 South Harbar Island Jamps, FL 33602		
		1000026846211.
		***1859.98 ***1058.98 ·
REINSTATEMENT 90-98		
	MAILLINE	700-19
		1/199
		/ 9 10
8. Name and Address of Current Registered Agent Name Name		9. Name and Address of New Hegistered Agent
Rovald D. Look 11715 Plumosa Road Tampa, FL 33618	Street Address (I	
TAMPA, FL 33618	Suite, Apt. #, Etc	
10. I, being appointed the registered agent of the above gamed corpor	City AWA ration, am familiar with and accept the o	State Zip Code FL 3360 Z
Signature of Registered Agent Date 11/2/98		
REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Property tax (See other side for information on intangible tax.)		
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 filling 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 legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND PIPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/2/98 8/3/931-4473 Date Daytime Phone #		

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