

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
2405 N.W. 40TH CIRCLE BOCA RATON FL 33431		2405 N.W. 40TH CIRCLE BOCA RATON FL 33431	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

A standard linear barcode is located at the top of the page, spanning most of the width. It is used for document tracking and identification.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	01/23/1995
5. FEI Number <i>65-0554147</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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-01/07/97-01112--008
***375.00 ***375.00

01/07/97--01112--008
***375.00 ***375.00

8. Name and Address of Current Registered Agent	
SMITH, BRUCE P	
2405 N.W. 40TH CIRCLE	
BOCA RATON FL 33431	
Name	
Street Address (
Suite, Apt. #, Etc	
City	

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 25 Nov 70

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes

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 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 legal effect as if made under oath.

SIGNATURE: Bruce Knott Bruce P. Knott

28 Nov 96 (561) 483-9117