PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORID		FLORIDA DEPARTMEI Sandra B. Mor Secretary of S	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # PAS DOOD AT				97 JAN -8 PM 4: 13  SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business  Mailing Address  1600 North Atlantic Avenue Daytona Beach, Florida 32118						96 ap	
Suite, Apt. #, etc.         Suite, Apt.           City & State         City & State		ugh incorrect information and enter  2. New Mailing Address, If Apolic City & State	t information and enter correction below.  Hing Address, If Applicable ATLANTIC AVENUE  #, etc.		DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida  1/31/95  5. FEI Number  Applied For Not Applicable		
Zip Country Zip		32118 USA	-Country USA		6. CERTIFICATE OF STATUS DESIRED Status for a Certificate of Status		
Title(s)	Name of Officers Stre		eet Address of Each ficer and/or Director se Post Office Box N	<del> , , </del>	City / Stat	e / Zīp	
Pres.	Jacob Maimon 1600 N. At		lantic Aver	nue	Daytona Beach,	FL 32118	
	•				00002052 -01/09/97-0 ************************************	1039002 ******8.75	
				<u> </u>	01/09/87 8 ****375.00	1039-001 ****375.00	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						gent	
160	ob Maimon O North Atlantic Avenu tona Beach, FL 32118	Name SAME 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 12/19/96  REGISTERED AGENT MUST SIGN							
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.)							
12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 refinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401. F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.							

12/19/96

SIGNATURE: &