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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mottham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY 22 AM 8:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P950 0000 9800 1. Corporation Name Applebootz Inc.				REINSTATEMENT 96-97	
Principal Place of Business 1616 E. 7th Ave. Ybor City, FL. 33605		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 8/95 5. FEI Number 59-3288928 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Owner/Pres.	MARIAN A. Lasher	4141 Bayshore Blvd. #302	Tampa, FL. 33611		
V.Pres.	April L. Lasher	11217 Shadybrook Dr.	Tampa, FL. 33625		
Secy/Treas.	Celia M. Williams	19616 Gulf Blvd. #202	Indian Shores FL. 33785		
			500002195365--3 --05/29/97--01116--003 *****915.00 *****915.00 JB527-97		
8. Name and Address of Current Registered Agent Anita Bing			9. Name and Address of New Registered Agent Name: MARIAN A. Lasher Street Address (P.O. Box Number is Not Acceptable): 1616 E. 7th Ave. Suite, Apt. #, Etc.: City: Ybor City State: FL Zip Code: 33605		
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: <i>Marian Lasher</i> Date: 5-16-97 <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing 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 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., 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.					
SIGNATURE: <i>Marian Lasher</i> <div style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>			Date: 4-8-97 813-248-5282 <div style="font-size: small;">Date Daytime Phone #</div>		

C026040 (12/95)