DI EACE DEAD ALL	INICTOLICTIONIC	DEEODE O	OMDLETING T	LIC EODM	
	FOR QUANTE Sandra B. Mo.		SOMPLETIAGO THE FORM.  AND.  FILED  1997 SEP 24 PM 3: 12		
DOCUMENT #P950000 27		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
W.D. DERBY INV	ESTORS, I	INC.			
7000 W Palmetto Purk Scute 203	3433	correction below			. •
2. New Principal Office Address, If Applicable 3. Ne 7680 LEPUBLIC DRIVE 7	w Mailing Address, If Applicate Appl		Date Incorporated or to Do Business in Flo     FEI Number	rida 4/4/	95 Applied For
City & State and of FL 2 City & City	State condo . Fo	USA.	5932859 6. CERTIFICATE OF STATU	IS DESIRED \$8.75 Addit	Not Applicable
7. Names and Street Addresses of Each Officer and/or Direct Name of Officers and/or Directors	Stre	tions must list at lea eet Address of Each icer and/or Director		City / State / Zip	
PID. LEE J. MAHER.		16112 Dec	· · · · · · · · · · · · · · · · · · ·	PLUNDO, FO	. 32819
		R	EINSTATE		TO bot
Name and Address of Current Register	ad Agent		**	/25/9701106- **823.75 ****	-001 323.75
Jeffrey H. Rosenthal 7000 w. Palmetto Paux Road Juste 203 Bour Ratm, Fr. 33433		9. Name and Address of New Registered Agent  Name  Tetroy H. Rosertu  Street Address (P.O. Box Number is Not Acceptable)  2424 W. Federal Huy  Suite, Apt. #, Etc.  # 4400  City  BOUL RATM  State  Zip Code FL  3343 J			
Signature of Registered Agent Agent	d corporation, an familiar with the second s	h and accept the ob	ligations of Section 607.050	9/23/4	7.
11. Does this corporation pay any in Dept. of Revenue under S. 199.0	tangible tax to th 032, Florida Statu	e ıtes. Yes [	□ No 🗵	(See other side for info on intangible tax	
12. I do hereby certify that the information supplied with this filease the Division of Corporations from any liability of non-certify that I am an officer or director or the receiver or truthis reinstatement application the reason for dissolution hises owed by the corporation have been paid. The informunder oath.  SIGNATURE:	islee empowered to execute as been eliminated, the corp nation indicated on this appli	this application as porate name satisfie cation is true and ac	nt that the information supported for in chapter 607 is the requirements of sectiocurate, and my signature	lied is deemed exempt from or 617, F.S. I further certify on 607.0401 or 617.0401. F shall have the same legal e	a Statutes. I republic access. I that when filing .S., and that all ffect as if made