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APPLICATION FOR REINSTATEMENT	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED
200	DIVISION OF CORPORATIONS		97 JUN -2 AM 5:33
DOCUMENT # 175000000000000000000000000000000000000			SECRETARY OF STATE TAILAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
c/o Jory 9149 S.W. 23rd Street #C Ft. Lauderdale, FL 33324-5000 Tel. (954) 476-5874 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			3000022028630 -06/05/9701059010 *****915.00 *****915.00
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 15 May 1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		65-0580024 Not Applicable
Zip Country	Zip Counti	ry	S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 2 Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box Numbers) P/D Darryl E. Jory 9149 S.W. 23rd Street #C FL 33324-5000			
REIA		STATEMENT 16-92	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
Darryl E. Jory 9149 S.W. 23rd Street #C Ft. Lauderdale, FL 33324-5000		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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: DAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #			