	PLEASE RE	CZINI IIA CIA	:BUCTIONร	REFORE (:OMPLETI	NG THIS FORM.		
API	PLICATION FOR		A DEPARTMEI Sandra B. Mor Secretary of S	NT OF STATE tham		FILED		
REIN	STATEMENT	D D	VISION OF CORPO		97.	JAN 10 PH 4:00)	
DOCU	JMENT # P9500	00 41445			SE TAI	CRETARY OF STATE LAHASSEE, FLORID	j Ā	
ابنور	dding Enterpri	sos, Irc.						
2851	ace of Business B U.S. Hwy one Lesta, FL 334	: -	Address					
If above a	ddresses are incorrect in any way, li	ne through incorrect in			REIN	STATEME!		
2 6 5 Suite, Apt. #	, etc.	Suite, Apt. #,		912	4. Date Incorporated or Qualified To Do Business in Florida May 26 1995 5. FEI Number 65-0413253 Not Applied For			
City & State	esta FL.		. hatch .		6.	co	Not Applicable	
Zip 3 3	469 Country	^{2φ} 334	70 Countr	/5 A	CERTIFICATE		75 Additional Fee required or a Certificate of Status	
7. Names a	and Street Addresses of Each Office Name of Office			itions must list at lea				
Title(s)	2		Officer and/or Director 3 (Do NOT Use Post Office Box N			City / St	ate / Zip	
PRES	Scott More	110	285 B	U.S. Au	3469	Tenunch	E1 331160	
sect.	<u> </u>			SOTIN S	32701	10gaesin	12 30701	
THE STATE OF THE S	Sheila More	2110	285 B	U.S Hwy	/ /	Tequesta	FL 33469	
1					1	0000205 -01/14/97- ****375.00	-01141016	
•	9. Name and Address of Cur	Trong Devictored Sec		1	0 No	ddress of New Registered	-10-97	
	8. Name and Address of Cu	rrent negistered Age	rit	Name	٠.،١	udress of New Registered	4gent	
· · · · · · · · · · · · · · · · · · ·						O. Box Number is Not Acceptable)		
w. r	Poln Beach, PL 3	19401		City		State		
10. I, being	appointed the registered agent of the	ie above named corpo	ration, am familiar wi	w. Palm of		n 607.0505, F.S.	33404	
Signature of Registered /		REGISTERED AG	ENT MUST SIGN			Date January 3	1917	
11. Do De	es this corporation paper. of Revenue under	ay any intang r S. 199.032,	ible tax to th Florida Stat	ie utes. Yes	□ No.X		de for information ngible tax.)	
12. I do hereby certify that the information supplied with this fling 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 trusted 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 lees 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.								
SIGNAT	URE: WONATURE AND TYPED O	DR PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	((56)	178-3714 aytime Phone #	