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Titletol Street Address of Each and/or Directors City / State / Zp D BETMAN, FRANK C 5770 ROOSEVELT BLVD. SUITE 001 CLEARWATER R. 54820 900002015349 900002015349 900002015349 900002015349 1 900002015349 900002015349 900002015349 900002015349 1 90000201535 90000201535 90000201535 90000201535 900000201535 1 90000201535 90000201535 900000201535 900000201535 900000201535 900000201535 900000201535 900000201535 900000201535 90000000000 9000000000000000000000000000000000000	•			6.	
Title(s) 2 and/or Direction 3 (Do NOT Used and/or Direction) 4 Chy/ State / 26 D BEFMAN, FRANK C 5770 ROOSEVELT BLVD. SUITE 601 CLEARMARTER R. 34620 9000020153449-000 9000020153449-000 0 11/27/56-01036-023 ####375.00 ####375.00 8. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 8. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Name and Address of Current Registered Agent 9. Neme and Address of Here Registered Agent 9. Locity Bat R, 3420 5000, Agent 10. Locity appointed Intracegraphed agent of the above named coporticle, ant accept the obligations of Section 67.0005, F.B. Signature of Agent Agent Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Floridd Statutes. Yes Not Not Acceptable 607 of 5					
BEMAN, FRANK C STOR POOSEVELT BLVD. SUITE B01	Title(s) and/or Directors	Str Of 3 (Do NOT U	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip
	D BERMAN, FRANK C	5770 ROOSEVE	5770 ROOSEVELT BLVD. SUITE 601		CLEARWATER FL 34020
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BERMAN, FRANK C Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 10. 1, being appointed the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.B. Street Address (P.O. Box Number is Not Acceptable) Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 9.30.92. 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Do (See other acts for Information or Intangble tax) 12. I certify that I am an officer or director or the reactory or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. 1 (orther certify that when Ning this reinstation and application, have been paid and the names of individual listed on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application have been paid and the names of individual listed on this form do not qualify for an exemption under section 119.07(3)(), F.S. The informa				90	-11/27/9601096023
8. Name and Address of Current Registered Agent 8. Name 8. Name and Address of Herr Registered Agent 8. Name 8. Name 8. Name and Address of Herr Registered Agent Name 8. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suffer 601 SUFE 601 CLEARWATER FL 34620 City Blanc Zo Code City Sufficient City Blanc Zo Code City Sufficient City Blanc Zo Code City Sufficient Sufficient City Sufficient City Sufficient Su					
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BERMAN, FRANK C 5770 ROOSEVELT BLVD. SUITE 001 CLEARWATER FL 34620 I. I, being appointed the secistaned agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Registered Registered Agent Registered Registered Agent Registered Register					Address of New Registered Agent
City State 20 Code City State 20 Code 10. 1, being appointed the societared opent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.B. Signature of Registered Agent Registered Registered Registered Agent Registered R	Street Address			P.O. Box Number	la Not Acceptable)
Signature of Registered Agent Page 9 30 96 Intersection 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 centify 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 centry that when Ning this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 007.0401 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 ceth. Or 000, O(100, F.S. 100, O(100, O(100, F.S. 100, O(100, O(10	CLEARWATER FL 34620			.	
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No La	Signature of Registered Agent	TURE REQU	with and accept the o JIRED	bligations of Sect	tion 607.0505, F.B. Date 9 30 96
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 20 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 effort as if made under section (110.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effort as if made under section (110.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effort as if made under setting (110.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effort as if made under setting (110.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effort as if made under setting (110.07(3)(i), F.S. The information indicated on this application is true and accurate.	11. Does this corporation pay a Dept. of Revenue under S.	any intangible tax to ti 199.032, Florida Sta	he tutes. Yes		(See other side for information on intangible (ax.)
SIGNATURE: SIGNATURE AND TYPED ON PROTED NAME OF BIOMING OFFICER OR DIRECTOR	this reinstatement application, the reason for diss owed by the corporation have been paid and the	olution has been eliminated, the corp names of individuals listed on this fo	porate name satisfier	s the requirements r an exemption ur	e of section 607.0401 or 617.0401, F.S. (that all fees (3)) ider section 119.07(3)(i), F.S. The information indicated
	SIGNATURE: SIGNATURE AND TYPED ON PR	MITED HAME OF BRANNING OFFICER OF	DIRECTOR		9/30/96 8/3-53/-5433 Deviane Prove 8