

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 27 PM 1:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 705000050833

1. Corporation Name
KASCO, Inc.

Principal Place of Business 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 Post Office Box 633 Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Same Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida July 21, 1995
City & State Orlando, Florida	City & State	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32802 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	William C. Strahl	691-0 Sabal Palm	Altamonte Springs, FL 32701
			700002332767--2 -10/29/97--01086--019 ****365.00 ****365.00
			<i>10-28-97</i>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name James A. Hattaway
	Street Address (P.O. Box Number is Not Acceptable) Two South Orange Plaza
	Suite, Apt. #, Etc.
	City Orlando
	State FL
	Zip Code 32801

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 *[Signature]* Date **24/OCT/97**

REGISTERED AGENT MUST SIGN

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 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., 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-97** Daytime Phone # **407-339-3865**

CR2E040 (12/96)

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MAGUIRE, VOORHIS & WELLS, P.A.

Attorneys at Law

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JHATTAWAY@MVW.COM

POST OFFICE BOX 633
ORLANDO, FLORIDA 32802

JAMES A. HATTAWAY
ATTORNEY AT LAW

October 24, 1997

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Kasco, Inc.

Dear Sir or Madam:

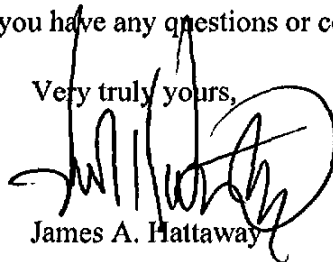
This letter is sent along with an Application for Reinstatement and a check in the amount of \$365.

My client's corporation was administratively dissolved for failure to file an annual report. This failure stemmed from an error in your computers. Your computers listed the address as "230 North Hattaway." Consequently, my client never received the proper forms.

Following my conversations with your office, I have filled out a reinstatement form and enclosed a check for the proper annual fees (\$200 for 1996, and \$165 for 1997). I was told that this letter of explanation would be sufficient to waive the penalty fees. I was also told that the dissolution would be expunged from Kasco Inc.'s file.

I thank you for your cooperation. Should you have any questions or comments, please call.

Very truly yours,



James A. Hattaway

JAH/ecd

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