PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLET	FING THIS FOHM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPOR	NT OF STATE Irris State	FILED 99 NOV - 1 PM 5: 36
DOCUMENT # P9500 1. Corporation Name 1 East of Eden, Ir	00058424 nc		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5716 Georgia Are	Mailing Address)	0 - 00
West Rilm But FC 3 If above addresses are incorrect in any way, line thro	_	COTTECTION DELOW.	STATEMENT 97-99
2 New Principal Office Address If Applicable Suite, Apt. #, etc.	New Mailing Office Address, If Suite, Apt. #, etc.	To Do Bus	porated or Qualified 7/25/95
Cho	City & State	5. FEI Numb	S8 75 Additional fee required
Country 7. Names and Street Addresses of Each Officer and/o	Tip Countr or Director (Florida nonprofit corpora	CERTIFICA	TE OF STATUS DESIRED (1) So 2. Addition in Fee required to: a Certificate of Status
Name of Officers and/or Directors Title(s) 2 Pies Julie A. Allise	3 (Do NOT U	eet Address of Each licer and/or Director se Post Office Box Numbers)	West Palm Bh P2-33/05
			###1050.00 ###1050.00
		· · · · · · · · · · · · · · · · · · ·	LS
8. Name and Address of Current Registered Agent Name			Address of New Registered Agent
Julie A. Allison 265 Edmor Rd		Street Address (P.O. Box Number is Not Acceptable)	
WastRIMBCh-FC33402		Suite, Apt. #, Etc. City 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.			 FL
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN	cròo	Date 10-27-95
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 h 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. 564-582-2224			
SIGNATURE: 10 - 2 7-99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #			