		D 411	INICTOLICTIONS	BEFORE OOME	LETING THIS FORM.
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Condro			EPARTMENT OF STATE dra B. Mortham					
DEING	FOR STATEMENT	Sec	cretary of State	FILED				
			N OF CORPORATIONS	97 JAN -2 AMII: 30				
1. Corporat		0059845	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ON-HC	OLD SOLUTIONS, INC.			TÄLLAHASSEE, FLORIUA				
		<del>-</del>						
,	ace of Business	Malling Address	TO DARK BOAD OFF BASE	A REPROPERTURE CONTRACTOR OF THE CONTRACTOR OF T				
	ALMETTO PARK ROAD STE 2-225 ON FL 33433	7040 W. PALMETTO PARK ROAD STE 2-225 BOCA RATON FL 33433						
				REINSTATEMENT	ī			
	adresses are incorrect in any way, line thracinal Office Address, If Applicable		ition and enter correction below.		-7			
				4. Date Incorporated or Qualified To Do Business in Florida 08/01/1995				
Suite, Apt. #	<u></u>	Suite, Apt. #, etc.	5. EEI Number ( ) ( ) ( ) ( ) ( )		-			
City & State  Zio Country		i Zip	Country	6. \$8.75 Additional Feb. require	ā			
Zip Country Zip				CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
7. Names a	and Street Addresses of Each Officer and Name of Officers	or Director (Florida no	onprofit corporations must list at lea Street Address of Each		-			
Title(s)	and/or Directors 2	з	Officer and/or Director (Do NOT Use Post Office Box )	r City / State / Zío				
D. DWECK, DAVID A		70	40 W. PALMETTO PARK ROAL	D STE 2 BOCA RATON FL 33433				
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<u> </u>			9000020485596					
			-01/07/9701112018 ****375.00 ****375.00					
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	<u> </u>			201000	4			
	=			361-3-971				
	8. Name and Address of Current	Registered Agent	Name_	9. Name and Address of New Registered Agent	٦			
SHAPI	IRO & DECTOR P.A.		DAv	<u> </u>	0 (7/96			
	GLADES ROAD STE 200		Street Address (P.O. Box Number is Not Acceptable) 7.040 W. PALMETO PARK RO		CR2E040 (7/96)			
BOCA	. RATÓN FL 33434		Suite, Apt. #, Etc.	-7.25	75			
	,		City Rip/	A RATW : E State Zip Code 72 33	7			
10. I, being	appointed the registered agent of the abo	ve named corporation	, am familiar with and accept the of	bligations of Section 607.0505, F.S.	1			
Signature of Registered A	Agent () m/			Date 12/26/96				
	RE	GISTERED AGENT N	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 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.								
				introla -				
SIGNAT	URE:	AVID	VWECK, IN	12/26/51 954-346-2334	İ			