	DI EACE DEAD	ALL INIOT	DUCTIONS	DEFORE C	OMDLET		ODM		
	910-97	FLORID	A DEPARTMENT Sandra B. Mon Secretary of S	NT OF STATE tham	1		PROVED AND EUED		
REINSTATE	MENI CE CO	DI	IVISION OF CORPO	RATIONS	1		4 3 i , tra lu-		
DOCUMENT # DADOCOCCA598 . 1. Corporation Name					97 APR -8 PM 12: 33				
23 MOH - ANISAM - HUL					SECFIETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address									
6 1207 SU 52ND TER									
CAPE CORAL - FL - 33814									
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4 Database				
			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida			
				5. FEI Number		X Applied	For		
City & State	City & State			6.		Not App			
Zip	Country	Zip	Countr	у	CERTIFICATE	OF STATUS DESIRE	S8.75 Additional Fee for a Certificate of		
7. Names and Street A	ddresses of Each Officer and/o	or Director (Flo	, 	ations must list at lea					
Title(s)	Fille(s) and/or Directors 3 (Do N			ficer and/or Director se Post Office Box N	lumbers)	4	City / State / Zip	1	
PRE HAN	RE HANS "PETER DIETER 1207.					CAPE FL	1620) 41822 ~		
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:					1.0		138071- 97-01093-00		
						米林米公 公	33.75 **** 923.	, 15	
	REINS					STATEMENT 96-97			
4							a. alan		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent 1979				
HANN - PETER DIETER								(12)0	
10HWA-722				Street Address (P.O. Box Number is Not Acceptable)					
1503 77 75 ND 15-15				Suite, Apt. #, Etc.					
CAPE COTA A L F2, 32914 10. 1, being appointed the registered agent of the above named corporation, am familiar wit				City			State Zip Code		
Signature of	e registred agent of the abov	re nameo corpo:	ration, am tamiliar wi	th and accept the ob	ligations of Section		1.00-9-	,	
Registered Agent	REC	SISTERED AGE	ENT MUST SIGN			Date	1-08-97		
11. Does this Dept. of R	corporation pay a evenue under S.	ny intang 199.032,	ible tax to th Florida Statu	e ıtes. Yes [] No[(See	other side for information on intangible tax.)		
this reinstatement ap owed by the corporat	officer or director or the receive plication, the reason for dissoli ion have been paid and the na frue and accurate, and my sign	ution has been e ames of individu nature shall have	eliminated, the corpo- lals listed on this form e the same legal effe	rate name satisfies to n do not qualify for a	he requirements on exemption under	of section 607.0401	or 617.0401, F.S., that all fe	es	
	3 2	1	ETER SCHW	פקב	ſ'nι	1-08-8	7 549-	748 3	
SIGNATURE:	GNATURE AND TYPED OR PRIN	TED NAME OF SI				Date	Daytime Phone #	- 5 0	

Date Daytime Phone #