PLEASE BEAD	ALL INSTRUCTIONS	BEFORE (THIS.FORM.		
APPLICATION FORQUE REINSTATEMENT	ELORIDA DEPARTME Sandra B. Mo Secretary of S	NT OF STATE rtham State		AND FILED		
DOCUMENT # P9500063600			1297 KOV 18 PN 1: 43			
1. Corporation Name			SECRETARY OF STATE TALLABASSFE FLORIDA			
Plane Purpose Prom	otions					
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 3. New Mailing Office Address, if Applicable			4. Date Incorporated	or Qualified	ļ	
18459 Pines Blvd 18459 Blvd Bolle, Apr. #, Pines Blv		r d	To Do Business in August	Florida 1945	, , İ	
Ste. 170 City & State	Ste 170		5. FEI Number 59-333	5138	Applied For Not Applicable	
Lembroke-Pines FL 33029	Pembroke Pines, FL Zo 33029		6. CERTIFICATE OF ST	AT US DE SIRE D . S8.75 A	dditional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and/o Name of Officers	or Director (Florida nonprofit corpor	ations must list at lea reet Address of Each				
Title(s) and/or Directors Off 1 2 3 (Do NOT Us)		llicer and/or Director lse Post Office Box N		City / State /	Zip	
D P≠∓∕S Curtis C. Wyborny	2041 NW	182 ter	Pe	mbroke Pines	, FL 33029	
			SUU	-11/20/97010	099011	
· · · · · · · · · · · · · · · ·				****915.00 *	****915.00	
			500	0023534	M. M	
				-11/20/97010 ******8,75		
8. Name and Address of Current R	l legistered Agent	Name	9. Name and Addres	s of New Registered Agen	· · · · · · · · · · · · · · · · · · ·	
Curtés Wyborny			Name			
2041 NW 182 Ter Pembroke Pines, FL 33029		Suite, Apt. #, Etc.				
		City		State Zir	o Code	
10. I, being appointed the registered agent of the abov		th and accept the ob	igations of Section 607.	0505, F.S.		
Signature of Registered Agent Curtus Wy			Date 1/17/97			
11. Does this corporation pay an Dept. of Revenue under S.	ny intangible tax to th	utes. Yes[(See other side for on intangible		
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: CULTUS WY CURAIS WY BORNY 11/17/97 954-435-5406 SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR UNDER Day Date Dayling Pluce #						

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