PLEASE READ A	ALL INSTRUCTION	ONS BEFORE C	OMPLET	ING THIS FO	DRM.	
FLORIDA DEPORTION TO FACTOR AND SECRETARY State DIVISION OF COMPORATIONS						
DOCUMENT # P95000 66780			Contract the Ch			
1. Corporation Name	Specialist		7 11		А.	
Principal Place of Business Mailing Address						
0409 (St Street OHando, F1. 32824						v =et
OHando, Fl	. 32824	/				
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	pove addresses are incorrect in any way, line through incorrect information and enter correction of the Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.		4. Date Incorp	orated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc		To Do Business in Florida		1995	
City & State	City & State		5 FEI Number	37 35260	<u> </u>	Applied For Not Applicable
Zip Country	Zıp	Country	6 CERTIFICATE	OF STATUS DESIRED		litional Fee required
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit			r		
Title(s) and/or Directors Of		Street Address of Each Officer and/or Director NOT Use Post Office Box N		4	City / State / Zi	р
President Johnny Simon 409 1st St Orl \$1.32824						2824
			8000027618984 -02/02/9301059017 *****224.00 *****224.00			
			56800027618984 -02/02/9301053018 1-27-99*****76.00 ******76.00			
Name and Address of Current F	Registered Agent			Address of New Regi		
Name						(12/98)
JOKANY SI		Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #. Etc. Discounting the control of				
Johnny Simon 409 151 St		Suite, Apt. #, Etc				
OFF 3 2 8 2 9 10. I, being appointed the registered agent of the above named corporation, am familiar will		City	plantings of South	on 607 0505 F.C	State Zip i	Code
Signature of Registered Agent	GISTERED AGENT MUST S	·	nigations of Section	Date		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes			(See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiv this reinstatement application, the reason for dissol owed by the corporation have been paid and the n on this application is true and accurate, and my sig	lution has been eliminated, th ames of individuals listed on	e corporate name satisfies t this form do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F .s	S., that all fees
SIGNATURE: Tolung	Simon	1-	15-99	9 (40	7)850	0-2572