PLEASE READ		BEFORE C	COMPLETING THIS FORM
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # P95000071036			96 DEC 16 AH 7:46
SĄVAGE #11, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 4263 S.W. 641H AVE., STE. 3 4263 S.W. 64TH AVE., STE. 3			A LECTROCAL HIS COLOR COUNT COUNT CON COUNT OF THE COLOR COURS ON COUNT
DAVIE FL 33314 DAVIE FL 33314			
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			REINSTATEMENT Q
ite, Apt. #, etc. Suite, Apt. #, etc.		пррисаво	To Do Business in Florida 09/11/1995
City & State	City & State		5. FEI Number Applied For
Zip Country	Zip Countr	ý —	6. CERTIFICATE OF STATUS DESIRED (\$87.5) Additional Fee required (\$100 d Certificate of Status Desired)
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers. Street Address of Each			
Title(s) and/or Directors 3 (Do		ficer and/or Director se Post Office Box N	Numbers) 4 City / State / Zip
P/D BRIAN SAVAGE	90 S.W.	915T AV	ENUE PLANTATION, FL 33324
,			-12/27/9601059003 +***375.00 ****375.00
•			
			JB12-18-96
8. Name and Address of Current Registered Agent Name		Name	9. Name and Address of Now Registered Agent
Savage, Brian 4263 S.W. Bath Ave., Ste. 3		Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Fig.	
DAVIE FL 33314			
City State Zip Code FL 10. I, being appointed the registered agont of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date 12-10-96 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)			
12. I cortify 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 satisfics 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 logal effect as if made under eath.			
SIGNATURE: Brian T- Savage WWW. 12-10-96. (959) BIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR Date Service Phone 1 Se			