PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

APPLICATION FOR REINSTATEMENT



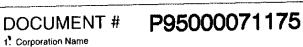
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 APR 21 AM 9: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



O.B. SAMUEL, JR., P.A.

Principal Place of Business

Mailing Address

11 NORTH MAGNOLIA AVENUE

|--|--|

OCALA FL 34475 OCALA FL 34475							
If above addr	resses are incorrect in any way, line the part of the	nrough incorrect	intormation and enter	correction below.	4. Date incor	porated or Qualified	F1100E
2. New Princip	hai Otice Acciess, ii Approvato				Date Incorporated or Qualified To Do Business in Fiorida 09/15/1995		
Suite, Apt. #, etc. Suite, Apt. #,			etc.		Language and the second		Applied For
City & State City & State					59-	· 3312723	Not Applicable
Zip Country Zip		Country		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names and	d Street Addresses of Each Officer an	d/or Director (F	lorida nonprofit corpor	ations must list at I	least 3 directors)		
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number		ich	City / State / Zip	
	4			GNOLIA AVENU	E	OCALA FL 34475	
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							y. War
	8. Name and Address of Curre	nt Registered	\gent	Name	9. Name ar	nd Address of New Registered Ag	jeni 4/2//2/
SAMUEL, O B JR 11 NORTH MAGNOLIA AVENUE OCALA FL 34475				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, Etc.			
				City		State FL	Zip Code
Signature of Registered	Agent	REGISTERED	AGENT MUST SIGN	0	ne obligations of \$	Date 9/14 /	
11. Do De	es this corporation pa pt. of Revenue under	y any inta S. 199.03	ngible tax to 2, Florida Sta	the atutes. Ye	es 🗌 No	(See other side on Intang	o for information gible tax.)
12. I certify this rein	that I am an officer or director or the statement application, the reason for y the corporation have been paid and application is true and accurate, and r	receiver or truste dissolution has b	e empowered to execute the empowered to execute the empowered to execute the empower the e	ute this application orporate name sati form do not qualif	y for an exemption	n chapter 607 or 617, F.S. I further hents of section 607,0401 or 617.04 n under section 119.07(3)(i), F.S. T	certify that when filing 01, F.S., that all fees he information indicated
010111	TUDE: GA	Sur				4/114/97	-
SIGNA	SIGNATURE AND THEO O	A PRINTED NAME	OF SIGNING OFFICER	OR DIRECTOR		Date 7 De	ytime Phone #