PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION	FLORIDA DEPARTME	NT OF STATE	( \$ 750.W)
REINSTATE ALS	DIVISION SCE	Sta	
DOCUMENT #	19500007188	r b	Fine Land Company
1. PCOPPORTS SPORTS SENTE	INTHAIMENT MOT	r., IM	97 DEC -8 PM 4: 15
Principal Place of Business  Mailing Address  830 S. Thikn ST #206  TACKSONULLE UCh, F- 3 2256		SECRETARY OF STATE TALLAHASSEE FLORIDA	
If above addresses are incorrect in any way, line thro		correction holow	
*2. New Principal Office Address. If Applicable	3. New Mailing Office Address, If		4. Date Incorporated or Qualified To Do Business in Ftorida 9/18/95
Sulte, Apt. #, etc.			5. FEI Number Applied For
City & State	City & State		Not Applicable  6. \$8.75 Additional Fee required
Zip Country	Zip Count	ry	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at lea reet Address of Each	
Title(s) and/or Directors	0	flicer and/or Director Ise Post Office Box N	r City / State / Zip Numbers) 4
Olivek Timber D. D.	ans 62162	ad (+11	206 JACKSONVILLE BY 12L
VIVP/S TIMOTON D. ALIANS 9305.31d St H206 JACKSONVILLE BLAJEL  14206 32250			
	H-206	32250	
•			FF \$750.00
CORAPREIN			
REINSTATEMENT 997			
			<del></del>
		<u>(</u> )	かん) -12/12/9701022004 ***2306.25 ****750.00
8. Name and Address of Current Registered Agent Name			9. Naple and Address of New Registered Agent
7, moth P. H. LTEKI 8305. 31d ST#206		Street Address (P.O. Box Number is Not Acceptable)	
THCKSONULLE Beh, FL 32250 Suite, Apt. H, Etc.			
•		City	State FL Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date 12/8/9/1 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for information on intangible tax.)			
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: 12/8/97 904-241-8060 Date OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12/8/97 904-241-8060			

,更加更有一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们们也没有一个人,我们们也没有一个人,我们们也没有一个人,我们们也会会会会 一个人,也是一个人,我们们也是一个人,我们就是一个人,我们就是一个人,我们们也是一个人,我们们也是一个人,我们们也是一个人,我们们也是一个人,我们们也是一个人,