PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM.	(i)
APPLICATION 6-97 FOR ADNOTATEMENT A NUMBER POSSIBLE POSSIBLE POSSIBLE DMC,	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	APPROVED AND FILED  1797 JAN 17 M 10: 50  SECRETARY OF STATE TALLAMASSES, FLORIDA	
Principal Place of Business  2 13 17 CHINABERRY LA  Brca RATON FL 3342  If above addresses are incorrect in any way, line thro  2. New Principal Office Address. If Applicable  21317 CHINABERRY CANE  Suite, Apt. #, etc.  City & State  Application  City & State  Country  Country	DEEKSIELD BEAUSTIELD B	S3 442_correction below. able th BLVD	DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida 9-7-95  5. FEI Number 65-06/3373  Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificale of Status	d
7. Names and Street Addresses of Each Officer and/or Title(s)  PONOMES L. McC	or Director (Florida nonprofit corpora Str 0 3 (Do NOT U		3 directors)  City / State / Zip	
8. Name and Address of Current F  DOLORES L. Mc  2 1317 CHIMBERR  BOCH RHTON F	CABE Y LANE	Name  Street Address (P.C.  3508  Suite, Apt. #, Etc.	SCC 1-17-97  SCC 1-17-97  S. Name and Address of New Registered Agent  ALD F. Mc CABE  D. Box Number is Not Acceptable)  S. W. NATURA BLVD	CR2E040 (12'95)
Description of Revenue under S. 199.032, Florida Statutes.				
lease the Division of Corporations from any liability certify that I am an officer or director or the receing this reinstalement application the reason for diss	by of non-compliance with Section 11 ver or trustee empowered to execut olution has been eliminated, the cohe information indicated on this app	19.07(3)(k) in the event e this application as proporate name satisfies dication is true and accordance.	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I rethat the information supplied is deemed exempt from public access. I revoided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., and that all curate, and my signature shall have the same legal effect as if made	

## # P95000074779

FLORIDA DMC, INC. 21317 CHINABERRY LANE BOCA RATON, FL 33428 954/574-0427

January 13, 1997

Attn: Mr. Sammy Caldwell Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Mr. Caldwell:

As per the phone call to you, on this date, I am herein respectfully requesting that you waive the new Reinstatement fees, in lieu of the previous schedule, for the following reason:

I moved during the previous year and did not receive any of the forms or notices from your department that pertain to the payment of Annual Fees, or the change in the amount of the Reinstatement fee for the year 1997.

Again, as per the phone call, I am herein submitting the Application for Reinstatement and a check in the amount of \$365, which includes \$200 for 1996 and \$165 for the 1997 Annual Fee. As I understand it, the \$365 should take care of all fee payments through 1997.

Thank you.

Sincerely,

Dolores L. McCabe Pres.

BROWLING HODRESS:

BROWLIDA DMC, INC.

3508, SW NATURA BLVD., #107

DEERFIELD BEACH FC33442