	PLEASE READ	ALL INSTRUCT	IONS BEFORE C	COMPLETING THIS FORM.		
APPLICATION FLORIDA DEPARTMENTA						
FOR Katherine Ha			arv of State			
REINSTATEMENT DIVISION OF CORPORATIONS				9):::: 4 - 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1		
				 BPCL::: Ve.W. Co. Sund		
				\$20, a 14 a 1 Car on a 12 A 1 A 1 A 1 B 2 B 1 O 3 O 4 		
TAYI	OR CONSULTING SOM	wices, INL.				
Principal Pi	lace of Business	Mailing Address				
1141	Maple Crossle Court	1141 1/401	e CAUSE COINT	Piriaina a a a a a a a a a a a a a a a a a	0 -	
ALTAM	conta Spaines, h 32	THE AUTOMONTE	Spanes, F. 52714	REINSTATEMEN	ITUO AA	
	ddresses are incorrect in any way, line thr					
New Principal Office Address, If Applicable     New Mailing Office Address, If Applicable			ldress, If Applicable	Date Incorporated or Qualified     To Do Business in Florida       16   4   45         16   7   7   7         17   7         18         18   7         18		
Suite, Apt. #, etc. Suite, Apt. #, etc				5 FEI Number	Applied For	
City & State		Cify & State		59-3342013	Not Applicable	
Žip	Country	Zip	Country		ional Fee required lificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprotit corporat  Name of Officers Stre			it corporations must list at lea Street Address of Each			
Title(s)	and/or Directors Off 2 3 (Do NOT Us		Officer and/or Director o NOT Use Post Office Box N	lumbers) 4 City / State / Zip		
Pà	Taylor, PATAICA	1141	Maple Cant Con	ent Sijo monto Salvas	7 3774	
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	<u>                                     </u>			7.7		
				1		
8. Name and Address of Current Registered Agent 9				9. Name and Address of New Registered Agent		
Name					72.98	
Philip	0 A. CARLIN 5. SR 436 STE 101			O Box Number is Not Acceptable)	R2F081	
545	MAK K 32730		Suite, Apt. #. Etc			
				State Zip Co	ode	
10. I, being Signature o	appointed the registered agent of the abo	we named corporation, am fi	amiliar with and accept the ob	oligations of Section 607.0505, F.S	(a())	
Registered	Agen	GISTERED AGENT MUST	SIGN	Dale 4/28/99	( ) ( )	
	is corporation owes the angible Personal Proper		e 30. Yes	See other side for info		
this rein owed by	statement application, the reason for disse	ilution has been eliminated, names of individuals listed o	the corporate name satisfies t n this form do not qualify for a	rovided for in chapter 607 or 617, F.S. I further certify the the requirements of section 607,0401 or 617,0401, F.S. an exemption under section 119.07(3)(ii), F.S. The infor- oath.	that all fees	
	Saturial	Jaylar		407	-	
SIGNATURE: Partie And Typed or Printed Name of Signing Officer on Director 1930/49 298-0843						