PLEASE READ ALL INSTRUCTION  APPLICATION FOR REINSTATEMENT FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CORF						NT OF STATE tham			1.		
1. Corpora	UMEN' ation Name	T# P95000	108072	+4		OECDE:	19 PH 2: TARY OF ST/ SSEE, FLOR	ATE			
Principal Place of Business Mailing Ad- 450 HUNT CLUB BLVD 1124 TALL APOPKA FL 32703 APOPKA FL US				PINE DRIVE			REINSTATEMENT R				
	incipal Office	3. New Maili	gh incorrect information and enter of 3. New Mailing Office Address, If A Suite, Apt. #, etc.  City & State			Date Incorp     To Do Busin     S. FEI Numbe	4. Date Incorporated or Qualified To Do Business in Florida 10/18/1995  5. FEI Number Applied For Not Applicable				
Zip 7. Names	and Street Ad	Country  dresses of Each Officer and/o	Zip Country  r Director (Florida nonprofit corporati				CERTIFICATE OF STATUS DESIRED   58.75 Additional Fee required for a Certificate of Status				
Title(s) 1	2 BRANDNE	Street Address of Each Officer and/or Director Office Post Office Box Number			umbers)	4 City / State / Zip APOPKA FL					
STD				1124 TALL PINE DR				APOPKA FL			
								5000026998851 -12/02/3801023010 *****750.88 *****750.00			
8. Name and Address of Current Registered Agent HARRIS, MARSHALL S 255 S ORANGE AVE, SUITE 800 ORLANDO FL 32801						9. Name and Address of New Registered Agent  Name  MARSHALL S HATERIS  Street Address (P.O. Box Number is Not Acceptable)  1059 Edge Water Drive  Suite, Apt. #, Etc.					
Signature o	Agent 7		GISTERED ÁG	ENT MUST	SIGN	IRED	ud 6 oligations of Secti	Date	- 328 98	10	
Int 12.1 certify this rein owed by	angible that I am an ostatement ap	ration owes or hat Personal Property officer or director or the receival control of the receival control on have been paid and the name and accurate, and my signature.	er or trustee en ution has been ames of individu	June 3  npowered to eliminated, to uals listed or	execute the corpo	Yes Lithis application as prate name satisfies no not qualify for	the requirements an exemption und	of section 607.0401 or 617.0	er certify that when 0401, F.S., that all	fees	

SIGNATURE: SICH PULL PRESIDENT OF SIGNING OFFICER OF DIRECTOR WILLIAM BRANDNER SECTOR FREDS

11/15/96 467 521 7477

Date Dayline Phone #