

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 26 PM 2:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

P95000093909

1. Corporation Name

CE NATIONAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

**6335 NORTH ARMENIA AVENUE
 SUITE B
 TAMPA, FLORIDA 33604**

**6335 NORTH ARMENIA AVENUE
 SUITE B
 TAMPA, FLORIDA 33604**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/08/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3359762

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ALAN CARREGAL	6335 N ARMENIA AVE	TAMPA, FLORIDA 33604

100002416471--E
 01/23/98--01096--023
 ***1050.00 ***1050.00

Handwritten initials and date: JB 1-27-98

8. Name and Address of Current Registered Agent

**ALAN CARREGAL
 6335 N ARMENIA AVE
 TAMPA, FL 33604**

9. Name and Address of New Registered Agent

Name **ALAN CARREGAL**
 Street Address (P.O. Box Number is Not Acceptable) **6335 N ARMENIA AVE**
 Suite, Apt. #, Etc.
 City **TAMPA** State **FL** Zip Code **33604**

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

Handwritten signature of Alan Carregal

REGISTERED AGENT MUST SIGN

Date **1/22/98**

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:

Handwritten signature of Alan Carregal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/98 (813) 877-6371
 Date Daytime Phone #

CR2E040 (12/96)