

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -3 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

100028065021  
02/02/04--01104--025 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida 12-7-1995

5. FEI Number 59-3358636  
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name KATZ, JACK

Street Address (P.O. Box Number is Not Acceptable)  
4501 SW 34TH ST.

Suite, Apt. #, Etc.

City ORLANDO

State FL Zip Code 32811

100028065021  
03/03/04--01051--007 \*\*141.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Jack Katz*

REGISTERED AGENT MUST SIGN

Date 1-26-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KATZ, JACK	4501 SW 34TH ST	ORLANDO, FL 32811

10. 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:

*Jack Katz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

407-843-8110

Daytime Phone #

CR2E081 (10/02)