PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

97 DET 20 AM OLDO

REINSTATEMENT			Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corpora		96000 Inc.	00077	77] <i>I</i> ,	ALLAHASSEE	GFLÓR	lûk
Principal Place of Business Malli			Malling Address			1			
14731 BATTENWOOD DRIVE SPRING HILL FL 34610			14731 BATTENWOOD DRIVE SPRING HILL FL 34610						
	addresses are incorrect in					TATEN	TENT 97		410/30
2. New Principal Office Address, If Applicable			Now Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/04/1996			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State			しょうこくじょう マニー			Not Applicable
Zip Country			Zip Cour		ntry			dditional Fee required Certificate of Status	
7. Names	and Street Addresses of E		Director (Flor						
Title(s) Name of Officers and/or Directors				(Street Address of Eac Officer and/or Directo Use Post Office Box	r City / State / Zip			
res				14731 BATTERWOOD			SPRING		
sec stephen Ti MA			open 14731		BATTERU	34610 wood PR SPRING Hill, FCl 34410			, Fl
						St.	0000233 10/31/97 ****750.	'010	658 58003 ***750.00
	8. Name and Addr	ess of Current Re	gistered Age	nt		9. Name and A	ddress of New Regist	ered Agen	t
MADDEN, STEPHEN T 14731 BATTENWOOD DRIVE						P.O. Box Number i		·····	,
SPRING HILL FL 34610					Sulte, Apt. #, Etc.				
					City			State Zip	Code
Signature o Registered		REG	STERED AG	STEPHE.	" T. MA.		on 607.0505, F.S. Date 10/2	5/97	,
	is corporation o				ear Yes 🗀	No M		ner side for n intangible	information 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:

8138567323