

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

APPROVED
AND
FILED

00 MAY -5 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019844

1. Corporation Name

SUCCUBUS PARTNERS, INC.

| | |
|---|---|
| Principal Place of Business 6084 NW 30TH WAY BOCA RATON, FL 33496 | Mailing Address 6084 NW 30TH WAY BOCA RATON, FL 33496 |
|---|---|

100003263181--3
-05/23/00--01039--020
***1208.75 ***1208.75

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

| | | | | | |
|--|-----------------------|--|-----------------------|---|--|
| 2. New Principal Office Address, If Applicable 3575 S. OCEAN BLVD Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable 3575 S. OCEAN BLVD Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida MARCH 4, 1996 | |
| City & State HIGHLAND BEACH FL | | City & State HIGHLAND BEACH, FL | | 5. FEI Number 65-0650695 Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33487 | Country USA | Zip 33487 | Country USA | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 |
|------------|-------------------------------------|---|--------------------------|
| P,D | LYNN TILTON | 3575 S. OCEAN BLVD. | HIGHLAND BEACH, FL 33487 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 97-00

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
LYNN TILTON
Street Address (P.O. Box Number is Not Acceptable)
3575 S. OCEAN BLVD.
Suite, Apt. #, Etc.
City
HIGHLAND BEACH
State
FL Zip Code
33487

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

Lynn Tilton
REGISTERED AGENT MUST SIGN

Date **5/4/00**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 name 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:

Lynn Tilton
LYNN TILTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00

Date

561 279-7969

Daytime Phone #