| D. 5405 | | N. I. INOT | DUCTIONS | DEE0DE 0 | OMBLET | | |
|--|---|-------------------------------------|--|--|---|---|--|
| APPLICATION FOR REINSTATEMENT | HEAD A | FLORIDA S | | NT OF STATE rtham State | OMPLET | FILED | |
| DOCUMENT # P96000023106 | | | | | | 98 APR 20 PM 12: 07 | |
| 1. Corporation Name CONCHED OUT, INC | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Piace of Business 92661 OVERSEAS HWY: 92661 OVERSEAS HWY TAVERNIER FL 33070 TAVERNIER FL 33070 | | | | | | | |
| If above addresses are incorrect in any v | | | | correction below. | REINST | TATEMENT97-98 | |
| 2. New Principal Office Address, If Applic | New Mailing Office Address, if Applicable | | | | orated or Qualified ness in Florida 03 - 12 - 96 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. FEI Number | Applied For | | |
| City & State | City & State | | | 65-0 | Not Applicable 88.75 Additional Fee require | | |
| Zip Country | | Zip | Counti | | | OF STATUS DESIRED (or a Certificate of Status | |
| 7. Names and Street Addresses of Each (Title(s) 1 2 0, P. Charles | Officers rectors | | Str Of 3 (Do NOT U | eet Address of Each ficer and/or Director se Post Office Box N | umbers) | City/State/Zip TAVERNIER FL 33070 | |
| | | | | | | J\$ 4/22/98 | |
| | | | | | 90 | 00024987031 | |
| | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | Name | 9. Name and A | Address of New Registered Agent | |
| Charles E. HUGGINS 92661 OVERSEAS HWY TAVERNIER FL 33070 | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | | |
| 10. I, being appointed the registered agent Signature of Registered Agent | | | ation, am familiar wi | th and accept the obl | ligations of Section | Date 4-18-98 | |
| 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.) | | | | | | | |
| this reinstatement application, the reason | on for dissolu id and the na | tion has been e mes of individue | limin ate d, the corpo als listed on this forr | rate name satisfies th n do not qualify for a | ne requirements (n exemption und | oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated | |

THE REAL PROPERTY.

147146

SIGNATURE: Charles E Huggine Charles E. Huggine Date Date Dayline Phone #