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REINSTATEMENT To DO M CAPLIN Street Address of New Registered Agent	8617 50					
Signature of Registered agent Street Address of Section 607.0505, F.S. Signature of Registered Agent Site Zip Code FL	1000 III CAPC	170 30	ite 2		\dashv	
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8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)				-11/16/9901082027	-	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Signature of Registered Agent Tell REGISTERED AGENT MUST SIGN 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) 12. Lecrify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name salisfies 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 is itsed on this form on tol 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.	a Name and Address of Durant	Positored & sect		The state of the s	\dashv	
Minnu, FC 33143 City State Zip Code FL To Code FL	a. Name and Address of Current	8. Name and Address of Current Registered Agent		S. Hallie allo Audiess ul new neglistereo Agent		
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SIGNATURE: JGLI 10/30/99 (305)662-6092 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #						