	PLEASE	READ ALL IN	STRUCTIONS	BEFORE	OMPLET	NG THIS FORM.	
APPLICATION FOR FOR			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State				
REINSTATEMENT DIVISION OF CORPOR						FILED	
DOCUMENT # P96000062819 I. Corporation Name					99 NOV 19 PM 12: 59		
	RICARDO TAYL	OR, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Deineinal Di	ace of Business	Mailing /	Address			ALLAHAJSEE, I EUNIDA	
7711 KIMBERLY BLVD. 7711 K			1 KIMBERLY BLVD. RTH LAUDERDALE FL 23006				
16 -1	44	No	- 4		REIN	STATEMENT OG	
	ncipal Office Address, If Appl					Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. i	#, etc.	Sulte, A	te, Apt. #, etc.		5. FEI Numbe	0//24/1996 3	
City & State		City & Si	City & State		65-0680635 Not Applicable		
Zip Country		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED SA / D. / 1 6/2 - DEL C. D. GARDELL.		
7. Names	and Street Addresses of Eac						
Title(s)	Title(s) Name of Officers and/or Directors 2		3	set Address of Each icer and/or Director		City / State / Zip	
PS TAYLOR, RICKY RICARDO		DO	7711 KIMBERLY BLV			NORTH LAUDERDALE FL \$3088	
					0000030609903. -12/06/9901011024 ****750.00 ****750.00		
	•						
					-12/06/9901011025 ************************************		
	8. Name and Addres	s of Current Registered	Agent	Name	9. Name and	Address of New Registered Agent	
TAVI OD DIOW DIOADOO					Street Address (P.O. Sox Number is Not Acceptable)		
7711 1	(IMBERILY BLVD. 1 LAUDERDALE FL 3306	a		Suite, Apt. #, Etc.			
NONIF	1 LAUDENDALE PL 3300	**	City		State Zip Code		
10. I, being	appointed the registered ag	ent of the above named	corporation, am familiar w		obligations of Sect	 FL	
gnature o		11 1	REQU	JIRED		Dete 10-30 99	
		REGISTERE	AGENT MUST SIGN				
is rein red by	statement application, the re	seen for dissolution has i paid and the names of in	been eliminated, the corpo dividuals listed on this for	rate name satisfier m do not qualify for	the requirements an exemption un	epter 607 or 617, F.S. I further certify that when filing t of section 607,0401 or 617,0401, F.S., that all fees ider section 119.07(3)(i), F.S. The information indicated	
	M	,					
1	TURE:	TYPED OR PRINTED NAME	FOUH	RED	/	11-11-99	
	Notional out and	TIFEU UK FKIRTEU NAME	or ordina officer uni	PRINCIPAL	Beggi	54)248-7138	
					99	545248-1130	