PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETIN GPRISYO RM.
APPLICATION FOR THE INSTATEMENT	FLORIDA DEPARTMENT Sandra B. Morth Secretary of Sta DIVISION OF CORPORA		AND FILED 1998 JAN 27 PN 1: 46
DOCUMENT # P. 96000068123 1. Corporation Name B & @ MANAGEMENT OF CRIANDO, INC.			SECRETARY OF STATE TALLAHASSEE.FLORIDA
Principal Place of Business 535 f South Jon OR I And III			
If above addresses are incorrect in any way, line through incorrect information and enter correction. New Principal Office Address, If Applicable Sime as Above 3. New Mailing Office Address, If Applicable Sime as Above			Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number VApplied For
City & State	City & State		Not Applicable
Zip Country	Zip Counti	ry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o			t 3 directors)
Title(s) and/or Directors Office		reet Address of Each lficer and/or Director lse Post Office Box Nu	umbers) 4 City / State / Zip
PResident Willie BK			57. OPINNO E 3005 5000024133956 -01/27/9801081001 ****900.00 ****900.00
8. Name and Address of Current R	tegistered Agent		9. Name and Address of New Registered Agent
4437 Cypress St. Orlando, Fl. 32805 Willie Bryant		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date /~/8-98			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			
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: SIGNATURE: On the provided for in chapter 607 or 617, F.S. I further certify that when filing this representation as provided for in chapter 607 or 617, F.S. I further certify that when filing this representation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owned 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.			

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