- PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	OMPLETII	NG THIS F	ORM.		
APPLICATION FOR REINSTATEMENT  FLORIDA DEPORTMENT OF STATE  B. Mortham  Screen of State  Division of Corporations							
DOCUMENT # P96000089107  1. Corporation Name			97 DEC8 PT 12: 2				
The Suard's Corporation				SEGRE OF RY STATE TALLAMAGE FILERIDA			
Principal Place of Business Mailing Address							
15 Hypolita St. St. Augustine, FL 32084	15 Hypolita St. Augustin						
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable  15 Hypolita St.  Suite, Apt. #, etc.	ough incorrect information and enter 3. New Mailing Office Address, 15 Hypolita Suite, Apt. #, etc.	If Applicable	4. Date Incorpor To Do Busine  5. FE‡ Number	rated or Qualified ess in Florida	10-28-96		
St. Augustine, FL  Zip 32084 St. Johns/US)		Johns/USA	59-3 6. CERTIFICATE	469407 OF STATUS DESIHER		Applicable Fee regulred of Status	
7. Names and Street Addresses of Each Officer and A  Name of Officers and/or Directors	i s	rations must list at lea treet Address of Each Officer and/or Director	and the same of th				
1 ' 2		Use Post Office Box N	lumbers)	4	City / State / 7 <sub>Ip</sub>		
P/S Etienne Suard	15 Нурс	olita St.		St. Aug	ustine, FL	32084	
V/T Adi Wanderer	15 Нурс	lita St.		St. Aug	ustine, FL	32084	
				5000023685857' -12/10/9701101001 *****173.75 *****173.75			
					<del></del> .		
8. Name and Address of Current R	egistered Agent	1	9. Name and Ad	Idress of New Reg	istered Agent		
Jeffrey R. Ludwig, P.A.				O Doo Number is Med Assessed to			
Suite 200, 6620 Southpoint Dr. South  Jacksonville, FL 32216  Suite, Apt. #, Etc.  City			O. Box Number is Not Acceptable)				
			State Zip Code				
10. I, being appointed the registered agent of the above	e named corporation, am familiar (	with and accept the ob	ligations of Section	607.0505, F.S.	FL    //a - 1	<u>ہے</u> ۔۔۔۔ ا	
Signature of Registered Agent	GISTERED AGENT MUST SIGN			Date .	CAN		
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to t 199.032, Florida Sta	he tutes. Yes	X No [	(See	other side for information on intangible tax.)	n	
12. I certify that I am an officer or director or the received this reinstatement application, the reason for dissolved by the corporation have been paid and the nation this application is true and accurate, and my sign	ution has been eliminated, the corp innes of individuals fisted on this fo	orate name satisfies the rm do not qualify for a	he requirements of n exemption under	Section 607 0401 /	or 617 0/01 F.C. High a	II food	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR	Etien	ne Suard	(2-5-97 Date	7 (904)808-8 Daytimic Phone #	3395	

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December ,5 1997

Department of State Division of Corporations Tallahassee, FL

To Whom it May Concern;

I am requesting a waiver of the reinstatement fee of \$585.00. I did not learn that my corporation had been dissolved until I recently applied for my sales tax number. I base this request on not receiving any notices of dissolution. My attorney and registered agent until September 22, 1997 was also my mailing address. He had the money in escrow to pay this fee. My attorney / registered agent states that he never received the corporate report or notice of dissolution. This statement can be obtained from the attorney in writing if necessary. In addition, I changed attorneys / registered agents effective on September 22, 1997. At that time no notice was sent to the new agent that the corporation would be dissolved as of the 26th of the same month. As I have recently purchased a new business this has created hardship in obtaining my sales tax numbers, etc.

I am enclosing checks for reinstatement with and without the fee. Please return the unused check.

I appreciate your consideration and assistance.

Sincerely

Etienne Suard,
President