APPLICATION 997 FOR Secretary of State DIVISION OF CORPORATIONS

1997 (107 31 171 2: 19

SECRETAL OF STATE I/O CARASTA A LECONOM

on intangible tax.)



1. Corporation Name

報送養司為發一衛

SIGNATURE:

Intangible Personal Property tax due June 30.

IENHA	GEN &	SAMUELS EST	AIE BUYE	RS, INC.						
169 EAST FLAGLER STREET 169 E SUITE 938 SUITE				ling Address EAST FLAGLER STREET E 938 II FL 33131						
		Incorrect in any way, line t		formation and enter		4. Data Incom	mounted on Outsilitied			
New Principal Office Address, If Applicable 3. New Principal Office Address, If Applicable				ng Olloo Addross, ii	эфрисцые	Date Incorporated or Qualified To Do Business in Florida 11/21/1996				
Suite, Apt. #, etc. Suite, Apt.				Thematis ST. 5. FE			FEI Number Applied For			
				& State Bala			65-6718229 Not Applicable			
Zip Country Zip 33 U			3341	a outloor			S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	Idresses of Each Officer an	d/or Director (Flo							
Title(s)				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
Ď	TÉNHAGEN	, JOSEPH		169 EAST FLAGLER STREET, SUITE 9			MIAMI FL 33131			
D SAMUELS, ARTHUR M				331 CLÉMATIS STREET			W. PALM BEACH FL 33401			
						2	000023 -11/17/ ****169	149492 3701144 5.80 ****		
							Scc 10.31-97			
	8. Nan	ne and Address of Currer	nt Registered Age	nt	9. Name and Address of New Registered Agent					
	, WILLIAM J BISCAYNE B			Street Address P. D. Box Number is Not Accepta			r is Not Acceptable)	muels	<u> </u>	
AVENTI	304 URA FL 3318	80 / /))		Suite Apt. #, Etc	jerna	[13 2+.			
		· 1[]		\mathbb{R}	West	Palm 7	Beach	State Zio Coo	[0]	
10. I, bein	g appointed th	ie registered agont of the e	e named corpo	oration, am frimiliar w	ith and accept the o	bligations of Sec	Nion 607.0505, F.S.	1.6		
Signature of Registered	of I Agent	Title	HEØISTERED AG	EM MUST SIGN		·-···	Date	29/47) 	
11. Th	nis corpo	ration owes or	nas paid th	e current ve	ar	/	(900	other side for infor	metion	

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 good and my signature shall have the same legal effect as if made under oath.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yes ☑ No ☐