			e e e e e e e e e e e e e e e e e e e				
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE <b>rtham</b> State		ING THIS F. A.F F.I.L 1998 DEC -7	ED FD		
DOCUMENT # P9700002947  1. Corporation Name			SECRETARY OF STATE				
NORMAN'S MYRTLE BEACH NO. ONE, INC.						198	
rincipal Place of Business Mailing Address			ncin	STATE	AICIA I	~~~	
1003 HILLSBORO MILE HILLSBORO FL 33062	· · · · · · · · · · · · · · · · · · ·			) 1884/1884 (18 188) 1884 1884 1884 1884 1884 1884 18			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable			Date Incorporated or Qualified     To Do Business in Florida				
1073 H (115BORD MILE 1073 H 1115BORG Sulte, Apt. #, etc. 4 South Suite, Apt. #, etc. 4 South		MIE	01/06/1997				
ity & State HIISBORO BEACH FL HIISBORO BEACH		FL	Not Applicable				
21p 33062 Country USA	Zip 33062 Count		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition for a Certific	ial Fee required ate of Status	
7. Names and Street Addresses of Each Officer and	<del></del>	ations must list at lea		<del></del>			
Name of Officers Street Address of E.  Title(s) and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box			umbers)	4	City / State / Zip		
PARS MARLIN F TORCUSON 1073 HILLSBORD MILE				HILLSBO	ro Beadif	33062	
			<del></del>	7,51,515	<u> </u>	,	
			51	70002 -12/15/ -****75	9801078-	50 -023 750.00	
Name and Address of Current Registered Agent			9 Name and	Address of New Res	nistered Acent		
Name M.4			9. Name and Address of New Registered Agent  LUN F. VORGUSON				
TORGUSON, MARLIN F 1003 HILLSBORD MILE HILLSBORD FL 22062	Street Address (P.O. Box Number is Not Acceptable)  1073 HUISBORO MIIE 4 SOUTH  Suite, Apt. #, Etc.						
City // USBO  10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblig				DRO BEACH State Zip Code FL 33062			
Signature of Registered Agent	RFOI ESTSTERED AGENT MUST SIGN	<u> URED</u>		Date	-3.98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for Information on intangible tax.)							
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: MAR LINITIFY OR GOSOU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							