PLEASE READ /	ALL INSTRUCTIONS	REFORE (COMPLETING THIS FORM.
APPLICATION	FLOT A DEPARTMENT	NT OF STATE	7
. FOR	Katherine Ha Secretary of S		FILED
REINSTATEMENT	DIVISION OF CORPOR		99 SEP 21 PM 2: 18
DOCUMENT #1797000003320			· ·
Corporation Name			SECRETARY OF STATE TALLAMASSEE, FLORIDA
DIAL-A-NERD, INC.			
Principal Place of Business Mailing Address			
6278 North Federal Highway		!	
PMB 478 Fort Lauderdale, Florida 33308			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT 98-99
2 New Principal Office Address, If Applicable 6278 N. Federal Hwy	3 New Mailing Office Address, If A 6278 N. Federa	f Applicable	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. PMB 478	Suite, Apl. #, etc. PMB 478		5. FEI Number Applied For
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale	a FI.	65-0727339 Not Applicable
33308 USA	Zip Country	ISA	6. CERTIFICATE OF STATUS DESIRED (5.8.75) Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/c	or Director (Florida nonprofit corpora	ations must list at lea	
Title(s) Name of Officers and/or Directors	Off	reet Address of Each flicer and/or Director Jse Post Office Box N	City / State / Zip
P,D Steve Anderson	6278 N.	Federal H	Wy #478 Ft. Lauderdale, FL 33308

			9000030061999
			-1070573301081019
Name and Address of Current R	Pooletered Agent	Τ	9. Name and Address of New Registered Agent
V. Harry with the second	egistered ago	Name Steve A	986
Street Address		Street Address (P	P.O. Box Number is Not Acceptable)
Suite, Apt. #, Et		Suite, Apt. #, Etc.	Federal Hwy.
#478 City			State Zip Code
10. If being appointed the registered agent of the above named corporation, am familiar with and accept the obligit			
Signature of Hegistered Agent St. all	GISTERED AGENT MUST SIGN		Date 9-10-99
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes	No X (See other side for information on intangible tax.)
12 I certify that I am an officer or director or the receiv	ver or trustee empowered to execute to	this application as p	provided for in chapter 607 or 617, F.S. I further certify that when filing
this reinstatement application, the reason for dissol	olution has been eliminated, the corporames of individuals listed on this form	orate name satisfies t rm do not qualify for a	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated
			KE
SIGNATURE: 10	Steve Anderson	DIRECTOR	9-10-99 (954) 295-1915 Date Daylime Phone #