PLEASE REAL	ALL INST	RUCTIONS	S BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR	S S	A DEPARTME Sandra B. Mo Secretary of		
REINSTATEMENT	<u> </u>	ISION OF CORPO	PATIONS	4 FILED
DOCUMENT #P97000011822				98 DEC 18 PM 3: 53
HENRY A. KILBURN ; ASSECTIVE.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 261 5. 6 CEAN BLVd.	Mailing Addres	58		
Pompano BEACH, FL. 33062				
				REINICTATEMENT (C)
If above addresses are incorrect in any way, line t 2. New Principal Office Address, If Applicable		ormation and enter g Office Address, If		Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, e	itc.		To Do Business in Florida 2/3/97
City & State	City & State		<u> </u>	5. FEI Number Applied Fo Not Applied Fo Not Applied Fo
Zip Country	Zip	Countr	ry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee reg for a Certificate of Stat
7. Names and Street Addresses of Each Officer an	d/or Director (Florid	da nonprofit corpora	ations must list at lea	
Title(s) Name of Officers and/or Directors		Str Of	reet Address of Each ficer and/or Director se Post Office Box N	ch or City / State / Zip
PRESIDENT HENRY A. KILBU		201 3.	OCEAN BLV	50000271947612/22/9801076047 -****700.80 *****700.8 50000271947612/22/9801076048 ************************************
8. Name and Address of Current	Registered Agent			Name and Address of New Registered Agent
HENRY A. KILBURN 401 S. OCEAN BLUD. #4 POMPANO BEACH, FL. 33062			Street Address (P. Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable) State Zip Code
10. I, being appointed the registered agent of the ab		tion am familiar wit	<u> </u>	
Signature of Registered Agent Agent Registered Registered Agent Registered Register	Kill	IT MUST SIGN	and accept the obt	Date
 This corporation owes or h Intangible Personal Proper 	as paid the ty tax due J	current yea lune 30.	ar Yes 🔼	No On intangible tax.)
this reinstatement application, the reason for diss	olution has been elir names of Individual:	minated, the corpor is listed on this forn	rate name satisfies th n do not qualify for ar	provided for in chapter 607 or 617, F.S. I further certify that when filing 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 indicate roath.
SIGNATURE: SIGNATURE AND PRED OR PRE	L-LL NTED NAME OF SIGN	NING OFFICER OR DI	RECTOR	- 17/17/98 (954)-183-139/ Date Dayline Phone #