PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DD MAY -5 PM 4:09

P97000034225 **DOCUMENT#**

1. Corporation Name

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR., STE. 509

501 BRICKELL KEY DR., STE, 509



MIAMI FL 3	S3131 · · · · · · · · · · · · · · · · · ·	MIAMI FL 3	3131		1 10031001 1	16 18311 18811 88311 88111 88131	DEKEN 1811 91818 41818 11881 8111 1961	
if above a	addresses are incorrect in any way, line	through incorrect	information and enter c	orrection below	EINST	ATEMEN	7950D	
New Principal Office Address, If Applicable 3. New Mai			ling Office Address, If Applicable			orated or Qualified ness in Florida	04/15/199	
Suite, Apt. #, etc. Suite, Apt.					5. FEI Numbe	65-08650		
City & State City & State					APPLIED FOR Not Applicable			
Zip	Country	Zip	Country			E OE STATUS DESIRED	\$8.75 Additional Fee required	
7. Names	and Street Addresses of Each Officer a	nd/or Director (F			st 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Offi	Street Address of Each Officer and/or Director		City / State / Zip		
DP	PARMENTER, DARRYL W		501 BRICKELL KEY DR., STE. 509			9 MIAMI FL 33131		
DVST	WEISS, ANDREW		501 BRICKELL K	EY DR., STE. 509	•	MIAMI FL 33131		
		<u></u>				100032 1	544908 - 801009003	
	,			• •			.75 ****988.75	
	,							
					. <u>.</u>			
Ġ							•	
8. Name and Address of Current Registered Agent			gent	9. Name and Address of New Registered Agent				
				Name				
PARMENTER, DARRYL W				Street Address (P.O. Box Number is Not Acceptable)				
501 BRICKELL KEY DR., STE. 509 MIAMI FL 33131				Suite, Apt. #, Etc.				
				City			State Zip Code	
10. I, being	g appointed the registered agent of the	above named cor	poration, am familiar wi	th and accept the ob	ligations of Sect	tion 607.0505, F.S.	1 /	
Signature o Registered	of Agent	REGISTERED A	EBEQU GENT MUST SIGN	<u> IIRED</u>		Date	26/99	
11. I certify	y that I am an officer or director or the re	ceiver or trustee	empowered to execute	this application as pr	rovided for in cha	apter 607 or 617, F.S. I	further certify that when filing	
owed b	nstatement application, the reason for d by the corporation have been paid and t application is true and accurate, and m	he names of indiv	riduals listed on this for	n do not qualify for a	an exemption un	s of section 607.0401 or nder section 119.07(3)(i	r 617.0401, F.S., that all fees), F.S. The information indicated	
		. <u>-</u>	-	•			AD	

مساحا أحادا أداعة