PLEASE READ A	ALL INSTRUCTIONS	BEFORE CO	MPLETING	THIS FORM.		
APPLICATION FOR CONTRACT	FLORIDA DEPARTMEM  Katherine Har	T OF STATE			`` `` !	
REINSTATEMENT	Secretary of St				ı	
$D\Omega M$	DIVISION OF CORFOR	ATIONS		•		
DOCUMENT # PS TOUS TO TOUS TO TOUS TO TOUS TOUS TOUS			FILED			
				JUN 30 PM 5: 3		
Principal Place of Business	Mailing Address	_	S.P. TAIL	CRETARY OF STATE	TE.	
Pomparió Saure Mull	1 Pompano SQ. Ponipono Becca.	<b>~</b>	27 121	≈υινώοςπε: μΕΩΚί	IÐA	
	3	3062				
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable	ugh incorrect information and enter c 3. New Mailing Office Address, If A	orrection below.	Date Incorporated of	r Qualified		
Suite, Apt. #, etc.	Suite, Apt. # etc.		To Do Business in Florida			
City & State	City & State	5	FEI Number	13-15-15-	Applied For Not Applicable	
		6			ditional Fee required	
Zip Country	Zip Country		CERTIFICATE OF STA	TUS DESIRED for a Ce	ertificate of Status	
Names and Street Addresses of Each Officer and/c     Name of Officers		ions must list at least 3 et Address of Each	3 directors)			
Title(s) and/or Directors	l Offi	cer and/or Director e Post Office Box Num	bers) 4	City / State / Z	ip	
5 I	400 6 100	_ # ~	ANGIONS,		0.1.16	
Presilet LAWIENCE A. KRAUSE	1001 BAYHII	DRIV 170 5	<u> </u>	10 10 10 1000, Ca.	9 4 266	
			9000	1 <b>0333014</b> 37/20/0001061	91	
					*150.00	
		REINST	ATEME	NT 99.09	TS	
			9000	103330 <b>14</b> 17/20/00-01061	91	
			,	w	*750.00	
8. Name and Address of Current Registered Agent  Name 1			. Name and Address	s of New Registered Agent	) 86	
J. RADIKE			90the	(1)	2	
2001 Feldenze Hu	<del>/</del>	200)	Box Number is Not A	-HWY		
Fompomo Bezun, FL	,	Suite, Apt. #, Etc.		•		
3SS	002	City	Borica	State Zip	20de 20de 2	
10. I, being appointed the registered agent of the above	ve named corporation, am familiar wit	h and accept the oblig		0505, F.S.		
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN		Dat	9 June 15.	<del>3</del> 000)	
11. This corporation owes the Intangible Personal Proper	current year ty Tax due June 30.	Yes 🗆	] No []	(See other side for i on intangible		
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my significant	lution has been eliminated, the corpo ames of individuals listed on this forr	rate name satisties the n do not qualify for an act as if made under oa	requirements of sect exemption under sect ath.	ion 607,0401 or 617,0401, F	formation indicated	