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APPLICATION FOR

FLORIDA DEPARTMENT OF STATE lim Smith

FOR	NSTATEMENT ,	Secretary of DIVISION OF CORPO	State	98 0	CT 28 PM		
	Read Instructions on Other Side Before. N Make Check Payable To: Departs	ment of State		SEC	RETARY OF S	TATE ORIDA	-
	nd Mailing Address of Corporation: DOCUMENT #	P970000410	35(1)	below. The	in Block 1 is incorrect NAME of the corpor	t in any way, ation can be	enter the correct address changed only by filing an
1225 S	and Commerce Center, Inc. an Jose Boulevard nville, FL 32207			Address	140		
				Address			
				City and State			
					400000	267 ⁻	<u> </u>
ر				Zip Code	*****	30738 ***8.75	01087 - 003 6 ******8.75
	corporated or Qualified usiness in Florida 05/08/1997	4. FEI Number	59-345312	7		FEI Num FEI Num	iber Applied For iber Not Applicable
5. Names	and Street Addresses of Each Officer and/or Director						
Title 1	Names of Officers and/or Directors	Street Address of Each Officer and/or Ofrector 3 (Do NOT Use Post Office Box Numbers)		City and State			
D	Kreis, John R. II	516 Loveland Place		Jacksonvi	lle, F	L 32259	
P/D	Kreis, James D.	4225 San Jose Boulevard		evard	Jacksonvi	lle, F	L 32207
D	McTiernan, Karen M.	10014 Vi	ineyard Lake	e Rd., E	Jacksonvi	lle, F	L 32256
		REII	ISTATE	MENT	98	73 i	10/28/98
	ě				-10/3	0./92	70749 01087004
, ,	REGISTERED AGENT INFORMATION	l _b -	Name	7. Name and	Address of New Rec	bezielle q ky ele	^{nt} ****750.00
	Name and Address of Current Registered Agen	t					
Kreis, James D. 4225 San Jose Boulevard Jacksonville, FL 32207			Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number)				

4225 San Jose Boulevard Jacksonville, FL 32207	Street Address (Do NOT Use P.O. Box Number)			
	City and State	2	ip Code	
		FL.		
8. I, being appointed the registered agent of the above named corporation, am famili Signature of Registered Agent Ames W. June	ar with and accept the obligations of section 6	07.0505, F.S.	26/98	

REGISTERED AGENT MUST SIGN 9. I certify that I am any 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 fitting 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., and that all fees owed by the corporation have reason for dissolution indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director Date 10/26/98 Phone \neq (904) 781-4220

James D. Kreis Typed or printed name of signing officer or director.