PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	NG THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Katherine H Secretary of DIVISION OF CORPC	arriș State			
DOCUMENT # P97000041050			SOURTER WHITE		
1. Corporation Name Will Page of		T. LLIAN CONTROL A			
Principal Place of Business 5735 Lotz					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 7400 Southland SIVD. Suite, Apt. #, etc.	O Southland Blud. 7400 Southland		4. Date Incorporated or Qualified To Do Business in Florida May 5, 1997		
Suite # 115	Suit. # 115	·	5. FEI Number 59-344		Applied For
Orlando, FL 32809 USA	Sip Sona Count	ısA	6.	\$8.7	Not Applicable Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit corpor	<u> </u>	ast 3 directors)		a definicate of drafts
Title(s) Name of Officers and/or Directors	reet Address of Each ifficer and/or Director Ise Post Office Box N		City / Sta	te / Zip	
President Samuel A. Dur	rrance 738 La	ke Biscayne	. האים	Orlando, FL	72824
				3 0002915 -06/25/991 ****900.00	01003016 ****900.00
REINSTATEMENT 98-99 1178					
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
5735 Kinstish D Lutz, FL 33549	Name Sanv. A. Durance Street Address (P.O. Box Number is Not Acceptable) 7400 Southland Suite, Apt. #. Etc. Suite, Apt. #. Etc.				
City Orland				\ F L	32809
10. I, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligated Signature of Registered Agent REGISTERED AGENT MUST SIGN				n 607.0505, F.S. Date _ &n 15 -	99
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes Vo No (See other side for information on intangible tax.)					
12. I certify that I am an 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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 517.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i). F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Danvil A. Dorrance 6-15-99 (407)855-7243					