PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
ARPLICATION EOR	FLORIDA OBPARIMENTAL Kathering Ha	rris /	
BEINSTATEMENT DIVISION OF COMPORATIONS			FILED
DOCUMENT # W 1000 & D 1 , 1			99 JUL - 1 PM 3: 35
1. Corporation Name			SECHARARIA GESTATE TALLAMASSEE, FLORIDA
AS I SPRAYING, INC			TALLAMASSEE, FLORIDA
Principal Place of Business Mailing Address			
PO. Box -26821			
DOCKSON VILLE FLA . 32718 170 BAISDEN POAD APT 1 JAY. FLATIS			
if above addresses are inconect in any way, line through incorrect information and enter correction below.			
New Principal Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 7, 79-97
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State Zip Country		6. S8.75 Additional Fee required
Zip Country			CERTIFICATE OF STATUS DESIRED L. for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers. Street Address of Each			
Title(s) and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Nur			
PROIDER DONALO AUSTIN ITOBAISCENTROAD APTI JACKSONVILLE, FA			
Sorden EVER M. JUSTIN MO BAISDEN PORDAPT 1 JACKSONVILLE FIL 32218			
Crothy CHEN M. 2001	170 DAISU	EN PORD	DAMI I JACKSONNIA MX
			1000029255618 -07/07/9301080004
			****300.00 ****300.00
			SP
8. Name and Address of Current F	Registered Agent	Name	9. Name and Address of New Registered Agent
Ellen Austin			O. Box Number is Not Acceptable)
70. BOL 2682110-115000000 VO		Suite, Apt #, Etc.	
Tacropoville Fla 32018		City	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with an			<u> FL </u>
Signature of Registered Agen. 2 Luan 11. Studius REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 reinstalement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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: JULIAN M. HUSTIN U. 7.8-99 904-714-4019 Date Daytime Phone #			