DI EVCE BEVU VII	INSTRUCTIONS BEFORE	COMPLETING THIS FORM

	PLEASE REAL	ALL INSTRUCT	TIONS BEF	ORE CO	OMPLETII	NG THIS FORM	١.	
APPLICAT	LION	FLORIDA DEPA	ARTMENT OF	STATE				
FOR			B. Mortham	1			الم يا هده	
REINSTATE			ary of State	İ			• # \$	
TALINO IXIL		DIVISION O	F CORPORATION	NS				
DOCUMEN'	T# P97000070	0612		ĺ		99 MPR 12	tii 10: 23	
1. Corporation Name				Í				
ĺ						TÄTTI	-1.01 E $_{\odot}$ A	
				ł		TILLI	, , , , , , , , , , , , , , , , , , , ,	
Principal Place of Bus	TRUCTION COR	PORATION Mailing Address						
1825 Irving Street 1825 Irving Street			+ 1					
Sarasota,		Sarasota,	-	- 1				
ĺ		·		- 1				
	hoorrect in any way, line three Address, if Applicable	ough incorrect information 3. New Mailing Office /			4 Date Incom	orated or Qualified		
<u> 2070 Harva</u>		2070 Harva				none in Charleto	08-14-97	
Suite, Apt. #, etc.		Suite, Apt. #, elc.		ł	5. FEI Numbe		X Applied For	
City & State	tur	City & State	D.				Not Applicable	
Sarasota,	FL Country	Sarasota,	F'L Country		6.		\$8.78 Additional Fee required	
^{Zip} 34237	ŬŠĀ	34237	USA	[CERTIFICAT	E OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street	Addresses of Each Officer ar	nd/or Director (Florida non)		
Title(s)	Name of Officers and/or Directors			iress of Each id/or Director		Ci	ty / State / Zip	
1 2			Do NOT Use Pust			<u> </u>	·	
	les G. Nemec	2070) Harvar	a Stre	eet	G - m h -	דוד מאמים	
P/D						Sarasota,	FL 34237	
						1		
 		Ph. Man	 			•		
		REINCT	TERAP		00 1	in 12	111101GC 1	
		REINSTA	MEINE	N	7X = 9		-116-17-	
					-	<u>, </u>	* * ' /	
 								
l l					P.	11 11 11 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	: 44 (1916)*1	
		·				** * * * * * * * * * * * * * * * * * *	2 75. ***********************************	
[[[
8. Na	me and Address of Curren	Registered Agent			9. Name and	Address of New Regis	tered Agent	
	l l a				ame Charles G. Nemec			
Charles G.	Nemec			Charles G. Nemec Street Address (P.O. Box Number is Not Acceptable) 2070 Harvard Street				
1825 Irving Street				2070 Harvard Street				
Sarasota,	FL 34236		Suite	, Aµt. #, Etc.				
ĺ			City				State Zip Code	
			Sa	rasota			FL 34237	
	the registered agent of the ab	ove named corporation, ar	n Iamiliar with an	d accept the	obligations of S	action 607.0505, F.S.		
Signature of Registered Agent	lell No					Date	1/29	
<u> </u>	RE	GISTERED AGENT MUS					7 - 7	
11. This corpo	oration owes or h	as paid the curr	ent year				er side for information	
Intangible	Personal Proper	ty tax due June	30.	Yes x	No	o n	intangible tax.)	
12. I certify that I am ar	n officer or director or the rec	eiver or frustee empowere	d to execute this s	application as	provided for in	chapter 607 or 617 E.S.	I further certify that when	
filing this reinstater	nent application, the reason t	for dissolution has been et	iminated, the corp	orate name s	satisfies the req	uirements of section 60:	7.0401 or 617.0401, F.S.,	
	by the corporation have been ed on this application is true a						119.07(3)(i), F.S. The	
		with the state of the st					1	
_	01-1					, ,		
SIGNATURE	Level I Nom	Charle	es G. Ne	mec, F	res.	4/9/99	941-331-4334 Daytime Phone #	
	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING O				Dale	Daytime Phone #	
STE EL 32474E.1								