PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	NG THIS FOR	RM.	
APPLICATION FOR	FLORIDA DEPARTIMEN Katherine Ha Secretary of S	arris			. 19 	
REINSTATEMENT	DIVISION OF CORPOR	RATIONS				
DOCUMENT # P9 1000 13 45 4 1. Corporation Name R/ 116 DIAMOND Saloon, 1.			SO MOUS SO THE 4: 30			
1. Corporation Name BLUE D	IHMONIS SOLO	ON, INC.	77	William Land	AÜLIÜA	
Principal Place of Business	Mailing Address					
180 JACKSON STA.						
TITUS VILLE FL. 32780 32780						
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	ough incorrect information and enter of 3. New Mailing Office Address. If J.		4 Date Incorpora	ated or Qualified		
Suite, Apt. #, etc	Suite, Apt. #, etc	ł	To Do Busines	es in Florida	, ,	
City & State	City & State		5 FELNumber 59-	346438	Applied For Not Applicable	
Zip Country	Zip Country	y .	G CERTIFICATE O	F STATUS DESIRED []	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	research received and research research	itions must list at leas eet Address of Fach	d 3 directors)			
Title(s) and/or Directors	Ólf	icer address of Each icer and/or Director se Post Office Box Nu	mibers) 4	City	/State / Zip	
Pur. Marlene Car.	tanon 180	Jeekson	5/1.	Titusvi	ly FL 29720	
					J 61 €9	
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REIN	STATEMENT	98-98	B	4/23/9	9	
			90	'' 1000289	88708	
				-04/30/99 ****900.	01118024 00 ****900.00	
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8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
Street Address (P			rect Agents O Box Number is Not Acceptable) Meridian Street, Lower Level			
	and the second of the second	City Tallaha		F	tate Zip Code 32301	
10. It, being appointed the registered agent of the above named compration and familiar with and accept the oblices signature of			gations of Section	4/22	100	
Its Agent: Cyntensiana Agent Mussian				Date 4/22/	, 99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum_{\text{No}}\sum_{\text{On intangible Lix}}\)						
12. Licertify 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, £.S. I further certify that when filling this reinstaltement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, £.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not quarify for an exemplical under section 119 07(3)(i), £.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath.						
SIGNATURE: Male Control Marken Castrain Fresidant 4-20-99 2672248 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING Phone #						