## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR			FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State						
REINSTATEMENT			DIVISION OF CORPORATIONS			FILED			
DOCUMENT # <b>P9700093042</b> 1. Corporation Name					99 NOV -9 AM 10: 26				
CHANGES INTERNATIONAL OF FORT WALTON BEACH, INC					9/3	SECTION IN TALLAHASSE	GE STATE		
•						= "" (1,7,5);	TO PLONIDA		
Principal Place of Business Mailing Addr					I IBAIIAA I I	18 1811 1 1811 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88 11 88	NA 1818 A 1811 A BANK BIRIA A ANG AT	a a i	
- 2120 SMITHTOWN AVE - RONKONKOMA NY 11779		SUITE E DESTIN FL :	1008 AIRPORT ROAD SUITE E DESTIN FL 32541 US				1960 1868 62114 MOEST MINTO 1181 10		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					JEH19	TATEME	NI 1999	-7	
2 New Principal Office Address If Applicable 3. New N			ailing Office Address, If Applicable		Date Incorpt     To Do Busin	orated or Qualified less in Florida	10/29/1997		
Suite, Apt. 1	. ^	Suite, Apt. #,	Suite, Apt. #, etc.			11-340424		or	
City & State	uppauge NY	City & State			6.	<del>- 59 3304737</del>	Not Applic		
Zip 11788 Country S Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional fice required 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) 1	and/or Directors	Officer and/or Director			-11/24/9 <b>3</b> <sub>65</sub> 	7 <b>91062</b> 5-012 0 ****750.00	<u> </u>		
D	BLECHMAN, BRIAN	150 MOYOR		te 210	Hauppavae	11779 - NY 11788			
D	BLECHMAN, ROSS	2120 SMITHTOW	N AVE		RONKONKOMA NY				
<del>Р-</del>	PAULSON, SCOTT		150 Motor Parkury Su 1000 AIRPORT ROAD SUITE E-		30112 000	DESTIN FL 32541	-	$\dashv$	
<del> VP</del>	-PAULSON, TERRY	1006 AIRPORT ROAD, SUITE E-			DESTIN FL 32541				
P	Coggin, William	150 Motor Partway, Site			Hauppauge,	NY 11388			
								ŀ	
Name and Address of Current Registered Agent     Name					9. Name and Address of New Registered Agent				
TERREII KIMBERI V.					orsak, John				
- 1407 PIEDMONT DRIVE E				Street Address (P.O. Box Number is Not Acceptable)				900	
TALLAHASSEE FL 32312				Suite, Apt. #, Etc.				l°	
City					tin.		State Zip Code FL 32541		
10. I, being appointed the redistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 11/01/99									
11. I certify that I are 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 filling 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., 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 ceth.									
SIGNATURE: 10/29/58 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #									

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