PLEASE REAL	D ALL INSTRUCTI	ONG BEFORE	COMPLETING THIS FORM.
APPLICATIO	FOF DIPAR	TE VOS	FILED
RENSTA EMENT	Screta Division of	ry of State	93 JUN 29 AM 9: 16
DOCUMENT # PSYCOOLOH322			CLOST TARY OF STATE TALLAMASSE, FLORIDA
1 Corporation Name			TALLAMASSE, FLUMBA
SEP INERLATIO	NAL, CORT		
Principal Place of Business Mailing Address			
	1421 m 34	is learned	
	Box 5006 Foothweet	Tt. Tur	
If above addresses are incorrect in any way, fine	77	スノローテング	
2. New Principal Office Address, If Applicable	3. New Mailing Office Add	dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For
City & State	City & State		15-049848 Not Applicable
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonprofit	corporations must list at le	
Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo	City / State / Zip
		NOT Use Post Office Box	HEAT LANGEONE
RESIDES PRI	<u> </u>		Ti 723114110
YICE ,	1315	STIPSON	ROAD ATLANTO GA
RESTRICTION HOUT	EE	,4,	30314
			2000029255625 -07/07/3901030005
j	}		****300.00 ****300.00
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent
STOLES PRICE			P.O. Box Number is Not Acceptable)
DATE THE WILLER		Street Address (F	I LUI
FORT LANGEDALE,	FL 33314	Suite, Apt. #, Etc.	S S S S S S S S S S S S S S S S S S S
		City	State Zip Code
10. I, being appointed the registered agent by the	pove named corporation, am fan	niliar with and accept the of	
Signature of Registered Agen	REGISTERED AGENT MUST SI	ign	Date 5-18-79
11. This corporation owes the Intangible Personal Prope	e current year erty Tax due June	30. Yes	No (See other side for information on inlangible tax.)
this reinstatement application, the reason for dis	solution has been eliminated, the e names of individuals listed on t	e corporate name satisfies this form do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when the requirements of section 607.0401 or 617.0401, F.S., well but see an exemption under section 119 07(3)(i), F.S. The information indicates oath.
SIGNATURE: SIGNATURE AND TYPE DO OF P	RINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	5-18-99 954-431-7999 Dayline Phone 1

1731 NW 27th Terrace Box 5006 Fort Lauderdale, Fl 33310-5006 954-731-7999 Voice 954-714-9406 Fax

SRP International, Corp.

May 17, 1999

Department of State Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

To whom it may concern, when calling last week to check on status of an fictitious name application for the above corporation I was informed it had not processed due to the corporation being dissolved. This was information that I had no prior knowledge of, so I called the reinstatement office to inquire as to why. I was informed by your office that the annual report for the above corporation had not been paid. I advised the representative that I never received any annual report to pay. The representative research my account information and found that the Division of Corporations had my address entered incorrectly and that he saw in the system were the annual report was returned by the U.S. Postal Service due to this error. So, the representative told me that I would not be responsible for the full reinstatement fee and to just send a letter outlining what happened with a \$300.00 payment to have my corporation reinstated.

Sincerely

Sidney Price President

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