PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 24 AMII: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11120

P98000044905 **DOCUMENT #**

1. Corporation Name

Principal	Place	Οţ	Business	

Mailing Address

3601 WIMBLEDON DRIVE LAKE MARY FL 32746

3601 WIMBLEDON DRIVE LAKE MARY FL 32746

If above ac	ddresses are incorrect in any way, line	through incorrect i	nformation an	nd enter correction below.	\perp \angle \cup	\mathcal{U}) /	
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.		iling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/15/1998			
		Suite, Apt. #	Suite, Apt. #, etc. City & State		5. FEI Number		Applied For	
		City & State			59-3130980 6. CERTIFICATE OF STATUS DESIRED		Not Applicabl	
Zip Country		Zip		Country			\$8.75 Additional Fee require for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofi	it corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3			City / State / Zip		
\$ ~	D CARTER, WILDIAM A.		4720 PILGRIMS WAY			ORLANDO_EL_32808		
PVST	GARTER, WILLIAM A		4726 Pit	GRIMS WAY	- 6	ORDANDO EL 320	08	
D	Dos Joseph (CROCE	360	1 WIMBLE	DOR DA	LAKE M	ARY FL. 327	
PUST	Joseph Cho	ce	3601	unple	DIL OIL	LAKE MA	MY FL, 32741	
		_			1	 	5796 1 4 0-01011015	
						****150	.00 ****150.00	

Name CARTER, WILLIAM A 6120 CASTLEWOOD LANE ORLANDO FL 32808

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

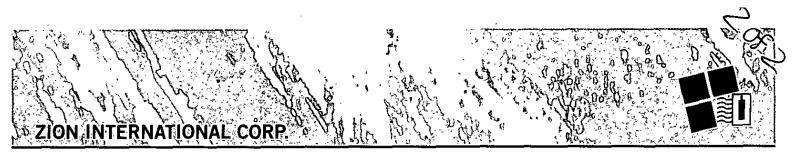
Signature of Registered Agent

REGISTERED AGENT MUST SIGN

600

11. 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 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 oath.

SIGNATURE:



P.O. BOX 948334 MAITLAND, FL 32751 PHONE/FAX (407) 333-2036

This is FRIST Notice I have Even RecauED. F An MAILING THIS, AS REquiper

Joseph Com Parter