PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLIGATION** Katherine Harris FILLU

'FOR REINSTATEMENT

Secretary of State

DIVISION OF CORPORATIONS

P98000068249 **DOCUMENT#**

1. Corporation Name

HIMES ESTATES INC.

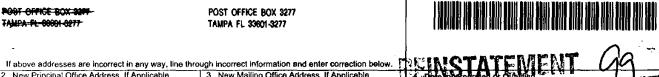
Principal Place of Business

Malling Address

TAMPA-FL 00001-0277

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 13 PH 4: 15



2. New Principal Office Address, if Applicable 3. New Mailir 1715 W. Cleveland St. Suite, Apt. #, etc. Suite, Apt. #,			3. New Mailing Office Address, If Applicable				To Do Business in Florida 07/31/1998						
			etc.			5. FEI	5. FEI Number					Applied For	
City & State City & State							-i						Not Applicable
Tampa, FL							6.						· · · · · · · · · · · · · · · · · · ·
33606 Country U.S.A.		Zip		Country	Country CE		CERTIFICATE OF STATUS DESIRED 60.13 Additional for a Certificate						
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonpr	ofit corporation	ns must list at	least 3 dire	ctors)					
Title(s)	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct					City / State / Zip				
P/D	Willi	am L. Haines		120	Fifth	Ave.,	11th	Fl.	New	York,	NY	100)11
s/D	Richa	rd Sharken		120	Fifth	Ave.,	11th	Fl.	New	York,	NY	100)11
Vii	E.C.	Langford		171	5 W. C	Levelar	nd St	•	Tamp	oa, FL	33(506	
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i									1	101 CH	118		•

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESLOOVERE, MURIEL 1715 W. CLEVELAND STREET TAMPA FL 33606

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

Sulte, Apt. #, Etc.

Name

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

Signature of Registered Agent _

REGISTERED AGENT MUST SIGN

Date Oct. 12, 1999

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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

(813) 251-5533

Daytime Phone #

E.C. Langford