FLEASE HEAU A	ALL INSTAUCTIC 15	BEFUF = C	UM LETIN	G THIO, G.M.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Katherine Ha Secretary of S	arr is State		
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DOCUMENT # P98000092661			q	9 NOV -4 PM 3: 52
AMERICA OVERDEA LING- INC.			18	ECRETARY OF STATE LLAHASSEE, FLORIDA
Principal Place of Business Malling Address 2215001487 2213001487				
Hinds 61 33125 Hinds 61 38185			,	• •
If above addresses are incorrect in any way, fine thro	ough incorrect information and enter	correction below.	REINST	ATEMENT 99
2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If A			Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. FEI Number	11-02-1998 X Applied For
City & Stale	City & State			Not Applicable
Zip Country	Zip Counti	ry		SS 75 A CONTROL OF THE TOTAL STATES
Names and Street Addresses of Each Officer and/o Name of Officers		ations must list at lea		
de(s) and/or Directors Officer and/or Use Post Office 2 3 (Do NOT Use Post Office		flicer and/or Director	•	City / State / Zip
P/D RUDNY MORALES 2221 NW 148		148T MIAN		Minds Fl 33125
				10030387684 -11/08/9901127009 ****750.00 ****750.00
		<u> </u>		LS
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent	
	AND NY HOLAKS Street Address (P.O. Box Number is Not Acceptable)			
	2215 Nw 145T Sulle, Apt. #, Etc.			
		City	 	State Zip Code
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar w	MAN'	bligations of Section	FL 33/25
Signature of Registered Agent Re	GISTERED AGENT MUST SIGN			Date
11. This corporation owes the current year Intangible Personal Property Tax due June 30.			□ No □	(See other side for information on intangible tax.)
12. I certily that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant	station has been eliminated, the corp names of individuals listed on this fo	orale name salisties rm do not qualify for	an exemption under	or 607 or 617, F.S. I further cartily that when filling section 607.0401 or 617.0401, F.S., that all fees section 119.07(3)(i), F.S. The information indicated
SIGNATURE:	INVED NAME OF SIGNING OFFICER OR	DIRECTOR	No	1 3,1889 (306) 635-6565 Date Dayline Phone 8

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