PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 JUL 20 AM 10: 20
DOCUMENT # P980 1. Corporation Name	00092731	SECRETARY OF STATE TAELAHASSEE, FLORIDA
First Trustee	Corporation of Florida	
2. Principal Office Address 4532 W. KENNEdy Bly	3. Mailing Office Address 4532 W. KENNEDY Blvd	REINSTATEMENT 99-10
Suite, Apt. #, etc. SuitE 4/2. City & State	Suite, Apt. #, etc. Suite 412 City & State	4. Date Incorporated or Qualified To Do Business in Florida /0/28/98
Tampa FL Zip Country	Tampa, FL Zip Country	5. FEI Number Applied For Not Applicable 6. S9.75 Applied For
33609 USA	33609 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is N 4532 W. Kr Suite, Apt. #, Etc. Suite 41.	ENNEdy Blud.	5000033495552 -08/08/0001078010 ****300.00 ****300.00 State Zip Code FL 33609 Date 7/12/0-0
Signature of Registered Agent RI	EGISTERED AGENT MUST SIGN	Date
	nd/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/D Edwin L. WEINS	tein 4532 W. Kennedy	Blud. 412 TAMPA, FL 33609
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this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my solic signature:	solution has been eliminated, the corporate name satisfies anames of individuals listed on this form do not qualify for a signature shall have the same legal effect as if made under	rovided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees in exemption under section 119.07(3)(i), F.S. The information indicated cath. 7 12 0 813 - 910 - 9497 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR