PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris ** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000095777

1. Corporation Name

SIGNATURE:

FILED 00 NOV 13 PM 6:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ste _l	phen Ha	ll & Associate	s, Inc.					, ince	MAROSEE,	FLC	PRIDA
Principal Pi	lace of Busine	985	Mailing Add	dress	•		1				
				ernell St.							
Merrit	nd, FL 32953	tt Island, FL 32953									
If above a	iddresses are	incorrect in any way, line th	rough incorrect	information :	and enter	correction below.					1
2. New Pri n/a	Address, If Applicable	ailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida November 9, 1998						
n/a n/a Suite, Apt. #, etc. Suite, Apt.				#, etc.							1998
City & State		α				, FEI Number			Applied For.		
City & State City & State			е			^				Not Applicable	
Zip	Country Z _I p		Zip	Country			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ac	dresses of Each Officer and	l/or Director (F	lorida nonpre							
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip				
Pres,	, Stephen L. Hall			4425 Crooked Mile Dr			ive	Merritt	Island,	FL	32952
Secy, "								<u> </u>			
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				QE	- UST	ATENE	NT 9	10)		
		·			A CONTRACTOR	B il st matte a prima		<i>‡</i>	73		
	ne and Address of Current	ent			9. Name and Address of New Registered Agent						
John H. Moynahan Jr.						Name Same Street Address (P.O. Box Number is Not Acceptable)					
	Street			Street Address (P	O. Box Number is Not Acceptable)						
Merritt Island, FL 32953						Suite, Apt. #, Etc.					
						City		,	State	Zip Co	ode
10. I, being	appointed th	e registered agent of the ab	ove named corp	oration, am	familiar w	ith and accept the ob	oligations of Sect	ion 607.0505, F.		l	
Signature o Registered			EGISTERED A			ynahan Jr.		Date Nov	vember 8	, 20	00
		ration owes the Personal Prope			e 30.	Yes	□ No E		(See other side on intang		
this rein: owed by	statement ap	officer or director or the rece plication, the reason for diss ion have beompaid and the true and accurate, and my s	olution has bee names of indivi	n eliminated, duals listed o	the corpo	orate name satisfies t m do not qualify for a	the requirements an exemption un	of section 607.0	0401 or 617.040)1, F.S.,	that all fees