## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION	

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 DEC -3 PM 1:42

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	PQ	20	2	na	58	195
1. Corporation Name	'	S	V	Ji		

,										
4:0	NG	rup Pag	erlic	`S.	FUC					
	., 01,,00 , 100,	303	3. Mailing Offi	ice Addre	ss	1	_		_	
818	FREE	mont ST	218 F	LEG	montst	17M	n-2m	1 1	<i>JBR</i>	
Suite, Apt. #			Suite, Apt. #, et	tc.					بيب	
PJ							porated or Qualified iness in Florida	9-199	'g	
City & State	•4-	21	- City & State		2 12/	5. FEI Numbe			pplied For	
<i>j</i>	MYE	/	T+ 1819	wa:	Country	65-6	2873/26	No	ot Applicable	
339	16	Country LEE	339/	6	LEE	6. CERTIFICATI		75 Additiona or a Certifica	al Fee required	
			<b>7.</b> Na	me and A	Address of Current Registe	red Agent				
	Name	holl 1	DEKINO	777	e Gar	1 Hay	es			
	Street Add	lress (P.O. Box Number is I	Not Acceptable)			<del>, , , , , , , , , , , , , , , , , , , </del>	.Taniani trl.			
	Suite, Apt.	#, Etc.	Color	3/9/	7017				_	
•				•		-1. MYC	15PL	A - 7		
	City	Mycens					State Zip Code 33	903 -		_
8. I, being	appointed the		ove named corpora	tion, am	familiar with and accept the	obligations of secti	on 607.0505 or 617.0503, F.S		00,0,	66/6)
Signature o		13/7					11/21	101	00/01/10/00	2EU8 (
Registered	Agent		EGISTERED AGE	NT MUST	r Sign	<del></del>	Date			5
9. Names	and Street A	ddresses of Each Officer ar	nd/or Director (Flori	da nonpre	ofit corporations must list at l	east 3 directors)		A CONTRACTOR	A CONTRACTOR OF THE PARTY OF TH	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip				
PLOS	-Ja-	a) Bin	d.L	212	FREEMENTS	1	FIMERS	Ĥ3	3915	
Towa	1	san Bane	151	318	FREE MON	1-50	FI MILLS)	F/ 3	3914	
, segment	J	<u> </u>	_				, <del>, , , , , , , , , , , , , , , , , , </del>			
						<b></b>	0004720	729-		1
							00047301 -12/18/010			
							****300.00	****3[	JU.UU. IZ	-

10. 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 filing 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 jude 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

11-20-01

2/5 37+ 2046

## **Loin Group Properties, INC**

818 Freemont ST FT Myers, FI 33916



November 21, 2001

P. O. BOX 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I am sending this letter to you for the reinstatement of my corporation for the following reasons.

- 1. I have not received any letters or forms of notice from your office and or my registered agent.
- 2. My new address for the crop is (818 Freemont ST FT Myers, FI 33916) Please enter this new address in to your system.
- 3. I have inclosed are the reinstatement form completed and the fee of (\$ 300.00 )PER Instructions from your employees on two different phone call 1. On 11/20/01 and on 10/18/00 with (sprather).

Please make the necessary changes to the file for reinstatement of my corporation.

I would like to thank you in advance for your help in this matter !

Sincerely,

Jason Brandt

President