PLEASE HEAD	ALL INSTHUCT	IONS BEFORE C	COMPLETING THIS FORM	100		
APPLICATION	FLORIDA DEPAI	RTMENT OF STATE	1	af c		
FOR	i i	ary of State	FILE S			
		CORPORATIONS	00 007 00 000			
DOCUMENT # P 980001	00634	99 OCT 20 AM 9: 36				
Corporation Name			SECRETARY OF STATE			
Findacorp, INC.		TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address			1			
4350 BLAYER STEE		HE.				
	-	-				
If above addresses are incorrect in any way, line thr New Principal Office Address, If Applicable	3. New Mailing Office A	todress, If Applicable	Date Incorporated or Qualified To Do Business in Florida OECENBEL 3, I			
2-5-14 HOLLY VOOD BLVD. Suite, Apt. #, etc	2514 HOLLYNOOD BLVD. 2514 HULYWOOD BLVD.			1998		
#303	City & State	-303	5. FEI NUMBER	plied For		
HOLLYWOOD, FL	Zio_HoLLY	WOOD, FL	6.	t Applicable		
33020 Country USA	33020	USA	CERTIFICATE OF STATUS DESIRED (10 at Certificate			
Names and Street Addresses of Each Officer and Name of Officers	or Director (Florida nonpro	ofit corporations must list at lea Street Address of Each		·		
Title(s) and/or Directors 1 2	Title(s) and/or Directors Officer		or City / State / Zip			
PRES. MARTIN HOFE	PRES. MARTIN HOFEMAN 4350 PLAYER STREET HOLLYUMD, FL 33021					
PRES. MARTIN HOFF	7AN 7-	BU FUNIER S				
V. PRE MARCIA HOFFIM	29N 4:	350 PLAYER S	STEET HOLLYWOOD, 12 3	302/		
			900003029719			
			****158.75 *****1	58.75		
,						
	f					
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						
Marin II		Name	PARTIN HOLLMAN	(12/98)		
MARTIN HOFFMA		Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 2514 Holly wol BlvD. Suite Ant. #. Fic.			
HOLLY VOOD, FL 33021						
	02,	City 4/4 4	State Zip Code			
10. It being appointed the registered agent of the abo	ove named corporation, am	familiar with and accept the o	obligations of Section 607.0505, F.S.	20		
Signature of West Tu		MARTIN POPE	2.4.7			
REGISTERED AGENT MUST SIGN Date Date						
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No (See other side for Information on Intangible tax.)						
12. 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 fight 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 the owned 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 in the provided for the corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.						
white	Zn-,	MAGTINE HOC	and in a man and and	1		
SIGNATURE: X V	NTED NAME OF SIGNING OF	FICER OR DIRECTOR	Date Davima Phone #	<u>-3</u> 649		



FINDACORP, INC. d/b/a thelawyerpages.com 2514 Hollywood Blvd. Suite 303 Hollywood, FL 33020 Call: 1-888-333-6339

Call: 1-888-333-6339 Local: (954) 921-5699 Fax: (954) 923-0060

Fax Transmittal

Date:	10-19-99
To:	
Company:	Dept. of State - Div. of Copporations
Fax Number:	
From:	Mike Kerred - Controller
# Of Pages:	
Comments:	Here is acheck for \$ 158.75
\$ 150 for	(coneval + \$ 8.75 for Cortificate of Status,
Tylone from	Reinstatement Section Told US TO
wait this lot	ter stating that The Congester never
Sent Us a Ve	enough form. If we had received it we
would have	Venewed in a timely mande Planse
Computer gli	tch. Thunkyou to rever the sour Controller