

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT *02/11/02*

FILED

02 NOV 12 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105580

1. Corporation Name

CINTANA, INC.

Principal Place of Business

421 S. ATLANTIC AVE., #701  
NEW SMYRNA BEACH FL 32168

Mailing Address

421 S. ATLANTIC AVE., #701  
NEW SMYRNA BEACH FL 32168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/17/1998

5. FEI Number

59-3559420

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	RARICK, CYNTHIA J	421 S. ATLANTIC AVE., #701	NEW SMYRNA BEACH FL 32168

700008938527  
11/12/02-01093-012 \*\*150.00

*Rarick*

8. Name and Address of Current Registered Agent

RARICK, CYNTHIA J  
421 S. ATLANTIC AVE., #701  
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Cynthia Rarick*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/4/02

11. 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 true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Cynthia Rarick*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CINTANA, INC.  
CYNTHIA J. RARICK  
(520) 991-0332

8315 N. Fairway View Drive  
Tucson, AZ 85742

421 S. Atlantic Ave. #701  
New Smyrna Beach, FL 32168

November 4, 2002

Florida Department of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

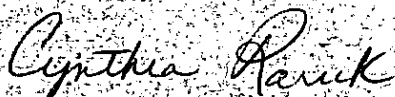
To Whom It May Concern:

Enclosed is an application for reinstatement along with a filing fee of \$150.

I formally request a waiver of the restatement fee. I did not receive the Uniform Business Report and therefore overlooked the annual filing. I am a professional golfer and spend a significant amount of time traveling. At times, all my mail does not get to me as soon as necessary.

Thank you for your consideration.

Sincerely,



Cynthia J. Rarick, President  
Cintana, Inc.