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	Marine C	F	LEAS	E READ A	ALMINST	RUCTIONS	BEFORE	COMPL	ING THIS FO	RM.	
l fee		PLICATION FOR ISTATEM	IENT		Ō	A DEPARTMEN Katherine Ha Secretary of S IVISION OF CORPORE IVI	irris State Rations	E	SECRETA DIVISION O		
		ÚMENT ation Name	# F Co	990(EFAR»	000 /. Bein	3655 COMPA	29		OI MAY	16 AM (B: 30
P	rincipal P	Place of Business	1/0.	Buns	Mailing Addr	# 950					
	If above a			PZ ny way, fine thro	ough incorrect i	30'Z° information and enter	correction below.		ATEME	NT <u>O</u>	0-01
	New Principal Office Address, If Applicable Suite, Apt. #, etc.			1747 V	3. New Mailing Office Address, If Applicable 1747 VAN BUREN ST. #950 HOLLYWOOD, FL 33020			orated or Qualified ness in Florida	2/9	Applied For	
	City & Stat	e							-09/353	1225.000.00	Not Applicable
Z	ip		Country		Zip	Countr	у	1 ⁻	E OF STATUS DESIRED	\$8.75 Ac	dditional Fee required certificate of Status
	7. Names Title(s)	and Street Addr	Name	ch Officer and/o of Officers r Directors	or Director (Flo		ations must list at reet Address of Ea ficer and/or Direc	ach		City / State / 2	Zin
1	D	2	and/0	Onecions .		-3 (Do NOT U	se Post Office Bo	x Numbers)	4	. +	-
	Tac.)	HNTHO	NY (OFFARD	•	35 700			NANASQU	AN, N	08736
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								Mol	****7	50.00 ×	****750.00
	8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent			
	Street Address Suite, Apt. #, E City IRWIN H. LEVINE & ASSOC. 1747 VAN BUREN ST. #950 HOLLYWOOD, FL,33020										150
11	0. I, bein	g appointed the	registered a	igent of j he abo	ve named corp	eration, am familiar w		e obligations of Sect	tion 607.0505, F.S.	1-1-1	
10. I, being appointed trie registered agent of the above named conferation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERSD AGENT MUST SIGN 10004342251											2616 087-011 ****150.00
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes \(\sum{\subset}\) No \(\sum{\subset}\) (See other side for information on intangible tax.)											
12. I certify that I am an officer or director on the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that 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., to 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 inform on this application is true and accurate and my signature shall have the same legal effect as if made under oath.										F.S., that all fees	
	SIGNA		NATURE AN	D TYPED ON PRI	NTEO NAME OF	Significant or	DIRECTOR		4-21-D1 Date	957-9 Daytime	2-/U/y Phone #