PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ► FÖR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State of DIVISION OF CORPOR CONS

DOCU	MENT	#
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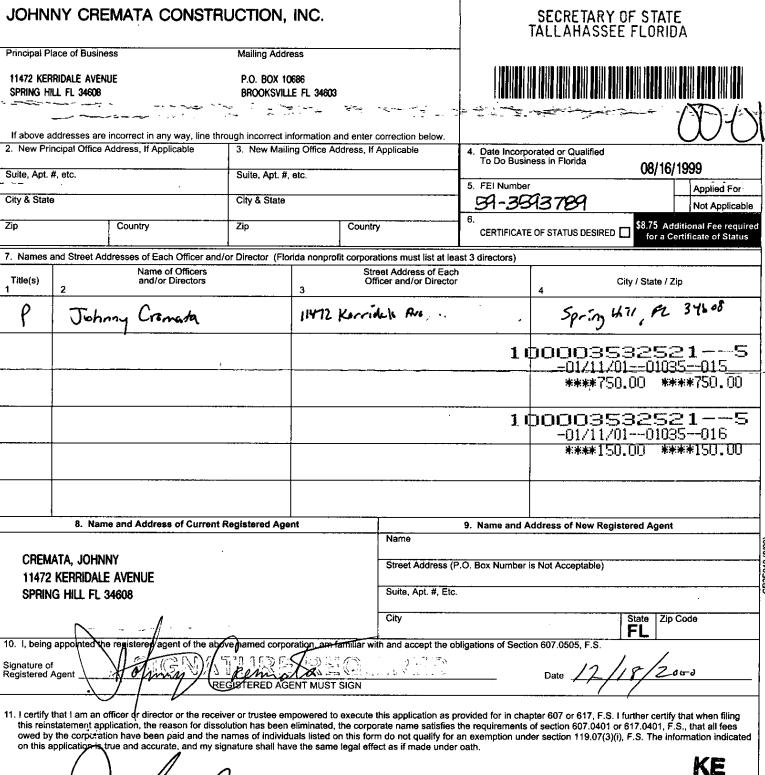
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1. Corporation Name

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SECRETARY OF STATE



SIGNATURE:

CHAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Daytime Phone #