## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9900007312
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1. Corporation Name

Principal Place of Business

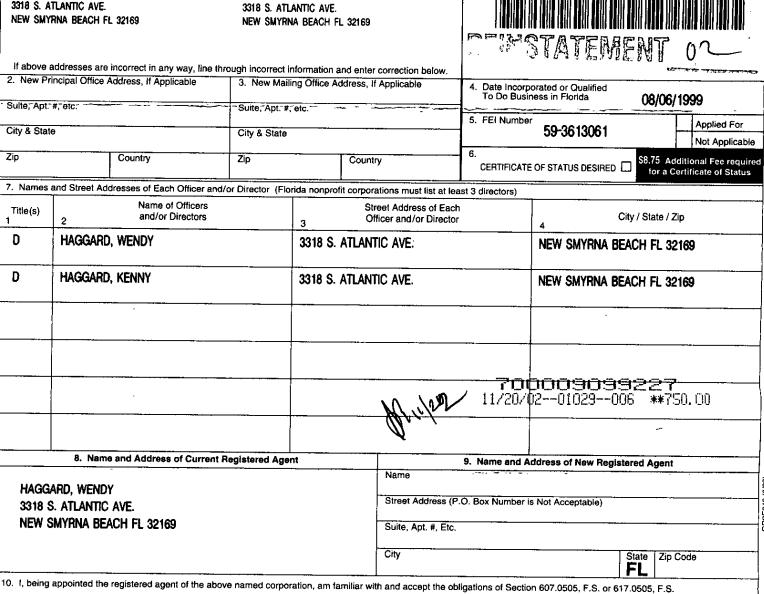
Signature of Registered Agen Mailing Address

3318 S. ATLANTIC AVE.

FILED

02 NOV 20 AMII: 49

SCORETARY OF STATE TALLAHASSEE, FLORIDA



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 filling 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 SIGNATURE AND TYPED OR GNING OFFICER OR DIRECTOR

SISTERED AGENT

Daytime Phone #