PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000087741

1. Corporation Name

MISS SUSAN, INC.										
Principal Place of Business Mailing Address						-				
			5806 OCCID Tampa FL 3	IDENT STREET . 33614						
		ncorrect in any way, line					STATER	IEN	1000	
			•	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/04/1999			
Suite, Apt. #, etc.			Suite, Apt. #;	Suite, Apt. #, etc.			5. FEI Number - Applied			
City & State			City & State			59-3605333 Rot Applicable				
Zip Country		Zip	Count	гу	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status					
7. Names a	and Street Add	resses of Each Officer a	nd/or Director (Flo							
Title(s) 1	Name of Officers and/or Directors		-	Street Address of Each Officer and/or Director 3			City / State / Zip			
D	COX, STEVE J			5806 OCCIDEN	IT STREET	TAMPA FL 33614				
						one statistics or trough the Table Part	000044 % -06/13/0	01==010 0.00 * 4 1 6 8 01010	012=-014 ****600.00 3621	
	8. Name	e and Address of Curre	nt Registered Age	nt		9. Name and A		istered Age	nt	
we are the second secon					Name	~				
	, THOMAS O AYSHORE B			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 700				Suite, Apt. #, Etc.						
TAMPA FL 33606				City				State Z	ip Code	
10. I, being	appointed the	registered agent of the a	above named corpo	ration, am familiar w	ith and accept the c	bligations of Secti	on 607.0505, F.S.	<u> </u>		
Signature of Registered A	Agent	Donw	REGISTERED AGI				Date			

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.

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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