PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P99000105760 DOCUMENT

1. Corporation Name

INTUNE GROUP INCORPORATED

Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4100 NORTHEAST SECOND AVENUE

4100 NORTHEAST SECOND AVENUE



00 NOV -6 PM 3: 16

SEGRETARY OF STATE TABLAHASSEE, FUORIDA

MIAMI FL 33137			MIAMI FL 33137							
If above as	ddraenae ara	incorrect in any way. line there	augh incorrect in	→ formation a	end enter c	orrection below	REINS	TATEMEN	T 2000	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified			
2. New I lineaper Office Address, if Applicable							To Do Business in Florida 12/07/1999			
Suite, Apt. #, etc. Suite, Apt. #, etc.					_					
#202			#202				5. FEI Number Applied For		Applied For	
City & State			City & State				65-1014996 Not Applie		Not Applicable	
Zip		Country	Zip		Country	,	6. CERTIFICATI		5 Additional Fee required ra Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprof	fit corporat	tions must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors				Street Addres Officer and/o			ch			
C.K.O.				7501 R. TREASH			SLRE	FLORTOM,	13141	
CHRERON CHRISTAPHER KONGE 10:					555. W. 6714 AUR MIRMI, FL 33156					
PRES JAMES A WALGREN JO. 3.				36.						
					•		٢	7000034812175 -11/30/0001048012 *****750.00 *****750.00		
					_	_======================================		LS LS		
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
Name										
RISOLIA, JOSEPH 4100 NORTHEAST SECOND AVENUE せこって						Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33137						Suite, Apt. #, Etc.				
						City State FL Zip Code				
10. I, being	appointed th	ne registered agent of the abo	ove named pro	oration, am	familiar wi	th and accept the o	bligations of Sect		(
Signature of Registered		Jo Hu	GISTERED AG	ENT MUST	3(<u>)</u> (<u>)</u>	月民品分		Date 1/1-2	-00	
		// 						<u> </u>		
this rein owed by	statement af v the corpora	plication, the reason for disse	olution has been names of individ	ı eliminated, luals listed (, the corpo on this for	rate name satisfies m do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further s of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	

Daytime Phone #

(1-2-0c