		00MDL ETI	
) カディとハンカナハンハ ぶら離れ多の	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		
REINSTATEMENT	IVISION OF CORPORATIONS		
DOCUMENT # ()3784			98 NOV -6 AM 8: 40
1. Corporation Name SAFFROMIS INC		SECRETARY OF STATE	
SHPF			TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address No. 20 2 6 57 2 60 1 No. 111+		1	
1700 PARK STREET NOTTH ST. Peters burg Fl. 3371D			0100
l la			TATEMENT 97-98
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 7.00		Date Incorpo Ta Da Bush	rated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number	ess in Florida 199 D Applied For
St. Pelanburg 51. Pelanburg		59 30	Not Applicable
FR. 3371D County PINELLAS ZIP Fl.	33710 Pinellas	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flo	Street Address of Fac	nh.	
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box	or Numbers)	City / State / Zip
Preside EDYTH James 650134 Terrace N. ST. Peterobup Fl.33710 V.P Leonard Henry 650134 Terrace N. ST. Peteroburg Fl.33710			
1). P Leonard Henry 6501 34 Teapace		2 N.	SI- Pelers hung AL 33710
			9, 10, 35, 10
		<u> </u>	
•			nnalowzwa
			*****900.00 *****900.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name			
CelyTh James Street Address (P.Q.Box Derritoer is Not Acceptable) Street Address (P.Q.Box Derritoer is Not Acceptable)			Not Acceptable)
1700 Park SI Nor Suite, Apt. #, Etc.			250
State Zip Code FL			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of 1998			
Registered Agent Agent REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)			
12. 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.			
D1. 41 0 0011			
SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			