PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR93-98 Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT #**4 98 FEB 20 AM 9: 36 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA Lanuection Traping, Corporation Hislesh REINSTATEMENT 93-98 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 6801 Sw 35 Ten. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida TONA 94 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State F7. MANIM \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip DDD02439697--3 -02/24/98--01107--003 ***1500.00 ***1500.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name NIC (DO Street Address (P.O. Box Number is Not Ac HIACESL -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 Registered Agent _ REGISTERED AGENT MUST SIGN Poes this corporation pay any intangible tax to the (See other side for information No A Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes 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 filing 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. 78 305 - 661-548 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR