		PLEAS	E READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FA	RMOVEL	
APPLICATION FLORID					A DEPARTMEI Sandra B. Mor	NT OF STATE tham				
REINISTATEMENT					Secretary of State IVISION OF CORPORATIONS		97 NOV 12 PM 12: 11			
DOCUMENT # \$50435 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SOUTH	1 FLORIC)A TRU	JCK BRO	KERS, IN	IC.		į			,
				Mailing Addr	ling Address			E. Bieni Bario Arbaa (1661 Biil	DARA NIRA NINI NINI	#1611 8 2811 1831
FLORIDA CITY FL 33034				FLORIDA CITY FL 33034						
M abaus a			Can the	in manual t	formation and only		REFINE	STATEM	ENT	97
					ng Office Address, If	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 05/01/1991			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. FEI Numbe	^r 65-0368687		Applied For
City & State Zip Country				City & State	Country	/	Not Applicable 6. \$8.75 Additional Fee required			
							<u></u>	E OF STATUS DESIRED	for a Certif	ficate of Status
	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									
Title(s)	2	and/or Directors			Off. 3 (Do NOT Us		Numbers)			
D	WHITLEY, DANNY A.			300 NORTH KROME AVE.		ME AVE.	FLORIDA CITY FL			
				20002346602 -11/13/9701078021 ****750.00 ****750.0					2 0 021 ×750.00	
:										
							API MIS			
· · · · · · · · · · · · · · · · · · ·	B. Name	and Addre	ss of Current R	legistered Age	nt		9. Name and	Address of New Regi	stered Agent	
WHITLEY, DANNY A.										(897)
300 NORTH KROME AVENUE FLORIDA CITY FL 33034						Street Address (F	P.O. Box Number is Not Acceptable)			
						Suite, Apt. #, Etc.				
• 1					State Zip Co	de				
		,			ration, am familiar wi	in and accept the ol	bligations of Sect	ion 607.0505, F.S.	, , , , , , , , , , , , , , , , , , , ,	
Signature o Registered	Agent X &	ann	y wh	Ulle GISTERED A/3	ENT MUST SIGN			Date	410-97	
			wes or ha al Propert		e current yea June 30.	Yes 🗹	No 🗌		other side for infor on Intangible tax.	
this rein: owed by	statement apply the corporation	lication, the on have bee	reason for dissol n paid and the n	ution has been ames of Individ	eliminated, the corpo	rate name satisfies n do not qualify for	the requirements an exemption un-	apter 607 or 617, F.S. of section 607,0401 o der section 119,07(3)(i	r 617.0401, F.S.,	that all fees
SIGNATURE: X Commy While SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylinic Phone #										