PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION	APPLICATION FLORIDA DEPARTMENT OF STATE		
FOR	Katherine Harris Secretary of State		
REINSTATEMENT	DIVISION OF CORPORATI		
DOCUMENT # 5 55	3-265		
Comparation Name		99 DEC 23 AM IO: 11	
PAR PLANTATION MAIN GATE WES		\	
1988		TALBAHASSEE, FLORIDA	
rincipal Place of Business	ess Mailing Address		
1988 SIRLANCELOT CIRCLE		*	
-			
ST: CLOUD, FL34772			
If above addresses are incorrect in any way, line through incorrect information and enter correction below. Replicable 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified	
l'iuite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida
ity & State	City & State		5. FEI Number Applied For
			6. Not Applicable
ip Country	Zip Country		CERTIFICATE OF STATUS DESIRED 1
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) and/or Directors Officer and/or Director City / State / Zip 2 (Do NOT Use Post Office Box Numbers) 4			
P JOHN G. KUCIK 1988 SIRLANGLOT GR. ST. CLOUD, FL.			
P JOHN G. KUCIK 1988 SIRLANGLOT CAR ST. CLOUD, FL 3			
1 90nN G. K	ueir 1788 ou	<u> LANO</u>	ezor CAR ST. CZOGO, FZ 31,
and the second s			
RENSTATEMENT 95-99 11 TS			
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name			
Street Address (P.O. Box Number is Not Acceptable)			
1988 54 LANCOLDT ()20/ 300 880000000000000000000000000000000			
ST. CLOUD, トムタ47フス city ***1350.08state****1350.00			
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.			
ignature of legistered Agent Date 12/9/99			
PIÈCISTERED AGENT MUST SIGN			
11. This corporation owes the current year (See other side for information on intangible tax.)			
Intangible Personal Property Tax due June 30. Yes LI No LI			
2. 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 ref. 17,0401, 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.			
President 12/3/99/07-397-232			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			