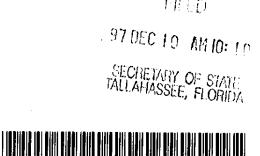
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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	PLEAS	<u>SE READ ALL II</u>	<u>NSTRUCTION</u>	IS BEFORE	COMPLET	ING THIS FORM	I.	
	PLICATION FOR ISTATEMENT		ORIDA DEPARTM Sandra B. W Secretary of DIVISION OF COR	lortham of State		۶	PPROVED ANITO HEED	
	UMENT #	S54866				. 97 DEC	10 AM 10: 10	
•	ration Name ., INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal I	Place of Business	Malling	g Address		-			
C-5		C-5	5010 CHAMPION BLVD. C-5 BOCA RATON FL 33487					
	addresses are incorrect in rincipal Office Address, If	n any way, line through inco Applicable 3. Nev	rrect information and on w Mailing Office Address		Date Incorp     To Do Busi	orated or Qualified ness in Florida		
Sulte, Apt	. #, etc.	Suite, /	Sulte, Apt. #, etc.  City & State		00/24/ 100 I			
City & Sta	te	City &			65-0308871		Applied For Not Applicat	
Žip	Country	Zip	Cou	intry	6. CERTIFICATI	E OF STATUS DESIRED 🔲 \$8	.75 Additional Fee requi for a Certificate of Statu	
7. Names and Street Addresses of Each Officer and/or Director (F  Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo	h r	City / State / Zip		
D	· · · · · · · · · · · · · · · · · · ·		3 (Do NOT Use Post Office Box I 5030 CHAMPION BLVD.			BOCA RATON FL 33487		
				SEET V		00002374 -12/16/97 ****750.00	10806 01114009 	
				i dali i	3(6) 8 4.4 p	Grand A Diversion of the Control of	Tialaw	
				·			12/10/17	
GAYLORD, MARC R. 4800 N. FED. HWY. SUITE 306B BOCA RATON FL 33431				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
Signature of Registered	of Agent Man		D AGENT MUST SIGN		bligations of Section	<b>FL</b> on 607.0505, F.S. Date   <i>i.Q.</i> /	1/97	
		owes or has paid		ear	No 🗀		le for information	

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 reinstalement 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.

SIGNATURE:

11/6/97 561-Daty 97 997-1165