PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE <b>rtham</b> State	FILED
DOCUMENT # 54099	7/	1	97 SEP -2 PM 2: 20
The Bittmore Group, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business  853 VANder b.  # 308  NAPIES, FL 3  If above addresses are incorrect in any way, line thro	4108		
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		6. Not Applicable
Zip Country	Zip Countr	ry	CERTIFICATE OF STATUS DESIREO
7. Names and Street Addresses of Each Officer and/o	Sti	reet Address of Each	
Title(s) 2 and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Not Use Post Officer Box Not Use Post Offic			umbers) 4 City / State / Zip
Pres. VAlerio, James H. 1732 SAN Bernardino Naples, FL. 34109			
V-Pres Bencin, JAME	00 W) 1720 SA	N BernA	Edino Naples, FL. 34109
C J. I : 10: 1: 1			
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8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent
1732 SAN BERNARDING WAY NADLES, FL 34109		Street Address (P.	O. Box Number is Not Acceptable)
		Suite, Apt. #, Etc.	
		City	***1583 sub   z#*#1575.80
10. I, being appointed the registered agent of the above named dyrpo ation, am familiar with and accept the obligations of Section 607.0505			FL   1583-75   igations of Section 607.0505, F.S.
Signature of Registered Agent Must sign  Date 8-29-97			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 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.			
SIGNATURE JOURNAL JAMES H. UAlerio 8-29-97 941-566-7656  PAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daylime Phone #			