PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ÁPPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOC	JMEN	T #
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S62815

1. Corporation Name

THE BORDES GROUP, INC.

Mailing Address

6000 S ORANGE BLOSSOM TR

Principal Place of Business

CUITE 400~

.... 6000 6 ORANGE BLOSSOM TR

SUITE-400" ODI ANDO EL 20000-740

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses a	tre incorrect in any way, line thro					4. Data Income	orated or Qualified	
4847 S. ORANGE BLOM TR SAX				ррповые	4. Date Incorporated or Qualified To Do Business in Florida 06/27/1991			
Suite, Apt. #, etc.		Suite, Apt. #,	etc. 			5. FEI Number		Applied For
City & State ORUNN	m FL	City & State	• ;		÷;	6.	59-3078135	Not Applicable
Zip 32839	Country ORANGE	Zip	Country 50.75 Additional Fee			6.75 Additional Fee required for a Certificate of Status		
	Addresses of Each Officer and/o	or Director (Flor	ida nonprof					
Title(s)	Title(s) 1 Name of Officers and/or Directors 3		Stree	eet Address of Each ficer and/or Director City / State / Zip		State / Zip		
D BORDE			180 WES	180 WESTMOOR BEND			ORLANDO FL	
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8. N	lame and Address of Current I	Registered Age	nt -		Name	9. Name and Address of New Registered Agent		
BORDES, ROY	N.			-	Street Address (P.O. Box Number is Not Acceptable)			
180 WESTMOOR BEND								
ORLANDO FL 32835				Suite, Apt. #, Etc.				
				City State Zip Code				
10. I, being appointed	d the registered agent of the abo	ve named corpo	ation, am	familiar with	h and accept the c	obligations of Sect		
Signature of Registered Agent		Daid	(e)		IRED		Date	00
	- RE	GISTERED AG	ENI MUSI	SIGN		-		
11. 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 filling 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 my signature shall have the same legal effect as if made under oath.								
	The William		Die O		251D	<i>ر</i> مر	/10 ns 44	12 BEI PROU
SIGNATURE:	SIGNATURE AND TYPED OR PRI	NTED NAME OF S	SIGNING OFF	FICER OR D	RECTOR	10/	17-00 42 Date	Daytime Phone #