PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM									
APPLICATION FLOF			FLORIDA S	A DEPARTMENT Sandra B. Mor Secretary of S	NT OF STATE		AND FILED		
	STATEMENT		DIV	IVISION OF CORPORATIONS		1	1996 NOV -5 AH 9:	29	
DOCU		S71296	j				SECRETARY OF STA	ME.	
	CAR, CO.						Merunder, es	(IVA	
Principal Pl	lace of Business	<u>_</u>	Mailing Addre	APC .		_			
2570 ENTE	ENTISE RD	4	3813-3-HOVA	A-RO-					
<del>18-</del>	ITTE VEIW	•	Tomasa.	PL Scier				- Alech L. O.	
	addresses are incorrect in an			nformation and enter		<del></del>	STATEMEN	Tiber	
Suite, Apt.	L- TPENVALA	59.	3. 44 6. Suite, Apt. #, s	rechicad Sq. To Do B				05/1991	
Cana State	Orange, F	,	State	Orange.	EI	5. FEI Number	59-3079537	Applied For Not Applicable	
2137177 County A			3712	Country 6.			E OF STATUS DESIRED		
7. Names a	and Street Addresses of Eac	ch Officer and/or Di	irector (Flor	Str	reet Address of Fact	*h	T		
Title(s)	Title(s) and/or Directors			3 (Do NOT Us	fficer and/or Director Jse Post Office Box N	Numbers)	City / State	<b>/24</b> 0	
DP	GAYTON, ERIC G.			3615 S NOVA R	D		PT ORANGE FL		
DV GAYTON, STEPHEN J.				3815 S NOVA R	O		PT ORANGE FL		
DST	DST GAYTON, CAROL A.			3615 S NOVA RD			PT ORANGE FL		
D	D GAYTON, STEPHEN J.			3815 S NOVA RD			PT ORANGE FL		
		<del>, </del>				- Of	000020027	'en_23	
			<del></del>	1			-11/13/96010 ****375.00	196007	
	8. Name and Addres	as of Current Reg	istered Age	L	<del></del>	9. Name and /	Address of New Registered Age	- 1858	
FOSTE	ER, WALTER E. III			<u>-</u>	Name	and W.	Capiland	(1/80)	
315 S	PALMETTO ONA BEACH FL 32114				Street Addition (F	A.O. Box Number I	is Not Acceptable)	00 A	
<b>27 17</b> - C	The Markett is successful.				Suite Apt. Etc.		State   2	The Code	
10. I, being	appointed the repistered as	gent of the above ri	named corpio	oration amiliar w	with apply accept the c	Me Spri Mgations of Secti	YAS FL	<u>37701</u>	
10. 1, being appointed the resisterer agent of the above named comporation and familiar with a MacCept the organions of Section 617.0505, F.S.  Signature of Registered Agent REGISTERED AGENT NOST SIGN  Date									
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information 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 owned 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-requirements.									
and the state of t									
SIGNATURE: SUMAN TYPED OR PAINTED NAME OF SIGNIFIC OR DIRECTOR DIRECTOR DESCRIPTION & Day Street Provided In Control of Day Street Provided In									