<u> </u>		PLEASE READ	ALL INS	STRUCT	ONS BEFORE	COMPLET	ING THIS FO	RM.		
	PPLICAT FOR NSTATE	· Alv	FLOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
•	UMENT	г# S775	32			98 SEP 14 AM 8: 57				
LEMO	N STREI	ET STATION, IN	C.			SEC TALL	RETARY OF ST AHASSEE, FLO	RIDA		
Principal Place of Business N				Mailing Address			P 48 801 48 80 80 80 80 80 80 80 80 80 80 80 80 80			
309-311 S PALATKA	T JOHNS AVE FL 32177			309-311 ST JOHNS AVE PALATKA FL 32177						
If above		incorrect in any way, line th				REINS	TATEME	N797-	78	
		Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida (8/28/1991)			
Sulte, Apt	·		Suite, Apt.			5. FEI Numbe	59-3080244	h	Applied For	
Zip		Country	Zip		Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors					t corporations must list a Street Address of E Officer and/or Dire NOT Use Post Office B	City / State / Zip				
D		wanda M.	4 - 46 - 44	STAR RT 2 BOX 229			SATSUMA FL			
D	D NUNLEY, LORRAINE			RT. 1, BOX 4028			PALATKA FL			
					,		3000264 -09/18/90 ****750 300026/	.00 **** 4:3789	(50.00 8	
								301086 -00-****	500	
8. Name and Address of Current Registered Agent Name						9. Name and	Address of New Regis	tered Agent	<u>/</u>	
STUMBO, WANDA M. 309-311 ST JOHNS AVE					Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PÁLATKA FL 32177				Suite, Apt. #, Etc		Etc.		······		
	1 - 1				City			State Zip Code	ł	
10. I, bein	ig appol nt ed the	e registered agent of the ab	ove named co	rporation, am fa	amiliar with and accept th	e obligations of Sect	on 607.0505, F.S.			

Signature of Registered Agent Wanda Mallers Bonnes Gent MUST SIGN

Date 7/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 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 eath.

SIGNATURE: Wanda M Stumbon Signature and typed or printed name of signing officer or dir

7/30/98 904-325-4444