PLEASE READ A	LL INSTRUCTIONS	S BEFORE C	COMPLETING THIS FORM.	
APPLICATION FOR REINGTATEMENT	FLORIDA DEPARTME Sandra B. Mc Secretary of OIVISION OF CORP	ortham State ORATIONS	96 JUNI 21 FIL 10: 20	
DOCUMENT # V19100 1. Corporation Name ROCESSID HAS	Bartenoins Ser	RULE JAK.	THE SECONDA	
Principal Place of Business 177 S BANANA RIJER DRIVE SU MCKR: H JSIAMA F/ 32952	MEKC: H JSIAI	+D ₁ F/ 32954		
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Address, If App 231 ZS Lind Bx Suite, Apt. #, etc.	alicable - \	DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida TO OF THE PROPERTY OF	
Zip Country 7. Names and Street Addresses of Each Officer and/o	210 32952 Cou	oland, FC	6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status	
Trile(s) 2 Rational Daryl 5. Adkins		Street Address of Each Officer and/or Director Use Post Office Box I	ich City / State / Zip x Numbers) 4	
			90001879019 	
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent 0 - 2 4	
Kevin P. Markey, Esquire Markey Youler P.A. 410 W. Marritt Avenue Marritt Island, FC 32953		Suite, Apt. #, Et	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
	EGISTERED AGENT MUST SIS	Ň	Date 6-21-96	
lease the Division of Corporations from any wall certify that I am an officer or director or the rect this reinstatement application the reason for disfees owed by the corporation have been paid, under oath.	with this filing is voluntarily furnis lity of non-compliance with Sectioner or trustee empowered to exisolution has been eliminated, the The information indicated on this	tatutes. Yes thed and does not qual on 119.07(3)(k) in the e ecute this application a e corporate name satis application is true and	(See other side for information on intangible tax.) salify for the exemption stated in Section 119.07(3)(k). Flonda Statutes. I reservent that the information supplied is deemed exempt from public access as provided for in chapter 607 or 617, F.S. I further certify that when filing stitles the requirements of section 607.0401 or 617.0401, F.S., and that all and accurate, and my signature shall have the same legal effect as if made	
SIGNATURE: DALY S. Adkins 4-16-96 407-452-8282 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #				