PLEASE READ ALL INS	TRUCTIONS	REFORE C	_OMPLETING THIS FORM. "	
APPLICATION FOR FOR Sandra B. Mortham Secretary of State				
JA.			FILED	
DOCUMENT # \\ \J\\ 553			98 NOV 23 AM 8: 37	
Pairs Spuci Enterprises Inc. W98-22562			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  1125 Duvan Street Same  KEY West, FL				
33040  If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT 97-99	
2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     5-01-92-	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State City & State			6. Not Applicable	
Zip Country Zip	Country	/ 	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 (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each				
Title(s) 2 and/or Directors  S.T.D RAPISARDI, SA	Officer and/or Director 3 (Do NOT Use Post Office Box N 1125 DUVAL STREE		Numbers) 4	
VP		val Street	KEY WEST, FL 33040	
V.P.D GORMAN, MARVIN 1125 Dui		WAL STRE	Ker West, FL 33040	
P.D GORMAN, LURA 1125 DL		UVAL STRON	L STROST KEY WEST, FL 33040	
			9000026997198 -12/02/9801005001	
			****900.00 900.00	
8. Name and Address of Current Registered Age	ent	Name	9. Name and Address of New Registered Agent	
RAPISARDI, SAL			(P.O. Box Number is Not Acceptable)	
KEY WEST, FL 33040		Suite, Apt. #, Etc.		
		City	State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date				
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 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 pald 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #				
SALUMTORE LAPISARDI, VICE-PRES				