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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FO

_APPLICATION	
FOR '	
REINSTATEMEN	•

_APPLICATION FOR	DEPARTMENT OF Jim Smith						
REINSTATEMENT		Secretary of State islon of corporation	s	FILED			
Make Check Payable I Name and Mailing Address of Corporation: DO		#V37131	96 NC 2. H Address is address bet	IV 12 AM II: LL n Block 1 is incorrect in any we	// enter the correct		
GEORGE & M INVESTME 60 NE 124TH TERRACE MIAMI FL 33161		and the second	City and State HO1 3. If Principle C address beig		3:3V3		
	.	A STATE OF THE STA	City and State	TERRACE	Zip Code		
Date Incorporated or Qualified To Do Business in Florida 5/18/1992	5. FEI Number		FEI Number Applied I	For			
7. Names and Street Addresses of Each Officer and/			1 4 4 6 38 39 4	The second second	Anguage and access of the		
Title(s) Name of Officers and/or Directors 2	, i,		ress of Each I/or Director	City/State/	Z p		
Dir. Hubert Marsh	J.	7505 Grant	(A) (A) 實驗	Hollywwood, Pl	.33024		
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ţ				FATEMENT	12-96		
•		A STATE OF THE STA	REIN	6	WILLIAM		
REGISTERED AGENT IIIf 8. Name and Address of Current F		Pearl		new repeared agent / office			
PINK, LLOYD 60 NE 124TH TERRACE MIAMI FL 33161		Stree 7.2 Stree H.C Chy	Address (Do NOT Use P.O. 505 Grant Cou M Address (Do NOT Use P.O. 511ywood , Flo	Box Number) Pt Box Number) rida 33024 State FL	33024		
10. I, being appointed the registered agent of the abo Signature of Registered Agenty / / / / / / / / RE	か。	ration, am familiar with and ENT MUST BIGN	accept the obligations of Sect	on 607,0505, F.S. Deb 10/26/97			
11. If this corporation is a non-p	27,30	o di se i descripcione	ix exempt status,	check this box 🚻 •	(See other side for distinguishment information.)		
12. Does this corporation pay a Dept. of Revenue under S.	any intang 199.032.	ible tax to the Florida Statutes	. Yes 🔲 No [(See other also to on intangle			
I certify that I am an officer or director or the rectifis reinstatement application the reason for disfees owed by the corporation have been paid. Tunder oath.			37 W	Contract Con	orbly that when filling 01; F.S.; and that all gal effect as if made		
Signature of Officer or Director (A 177.	ولرملا Hube	the transmission of the transmission	0/26/97 b	/#me Phone (954) 74	<u>25366</u>		
Typed or printed name of signing officer or director $ ilde{}^{\perp}$	1. 10 July 20 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the property of the property of the second of the seco	nama and an analysis of the state of the sta	**************************************		