		PLEASE READ	ALL INSTRUC	CTIONS BEFORE (JOMPLETI	NG THIS FUNIVI.	
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			7. Name an	nd Address of Current Register	red Agent		
	Name BRUCE SIMONSON					•	
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3. I, being	Suite, Apt.	1455 #, Etc. DEERFIEID	W. BEAC			State Zip Code FL 33442	(66/6)
I, being signature of Registered A	Suite, Apt.	#, Etc. #, Etc. EERFIELD registered agent of the abo	W. BEAC	am familiar with and accept the of		State Zip Code FL 33442	CR2E081(9/99)
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10. 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 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 of individuals listed on the formation of the corporation in the corporation is a company of the corporation in the c on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00 800-337-8303

Date Daytime Phone #