PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLICATION FOR REINSTATEMENT	Katherine Ha Secretary of S	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State *  DIVISION OF CORPORATIONS		FILED STAIL
DOCUMENT # V39	658		ie)   [a-14]	CONTROL STATE
Leasair Clearwater			99 OCT 21 AM 10: 15	
Principal Place of Business Mailing Address				
Clearwater, 14695 Firpal Pkwy Clearwater FL38762.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 95-94		
New Principal Office Address If Applicable 3. New Mailing Office Address, V Applicable 14695 Hirpon PKWY		4. Date incorporated or Qualified To Do Business in Florida 05 29/1992		
Suite, Apl. #, etc.  Suite, Apl. #, etc.  City & State			5. FEI Number Applied For Not Applicable	
P 33762 Country Zip 33762 Country		rh	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer an     Name of Officers	Stre	itions must list at lea- eet Address of Each icer and/or Director		City / State / Zip
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box No.			umbers)	Ci l Tr corro
Hesant Hanspeter 19	schupp 8021	Crest	<b>x</b>	Clearwater FL 88/69
lieur Susi Isonup	P 3021	Chest	Dr.	Clearwall FL 35/59
			60	00030314664 -11/01/9901128020 ***1350.00 ***1350.00
				16/10/53
8. Name and Address of Curren	t Registered Agent	1	9. Name and A	ddress of New Registered Agent
Name Honsode Tschupp				
Hanspeter Ischupp Street Askers & Organ All Hanspeter Is Not company of the South April 18 Suite, April 18, Etc.				
		City Clea	rwater	State Zip Code FL 33762
10. I, being appointed the registered agent of the above named constration, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  PEGISTERED AGENT MUST SIEN  Date 19 000667 1999				
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No III (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 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: SIGNATURE MONTYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DELEGATION				