TELAOL HEAD ALL MOTTOOTONS	BEFORE COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	
DOCUMENT # CN.T Proberties.	MAR 24 MIL
Individual Indiana 1994-c	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business APT SO SUACH FU	AM 3. C
If above addresses are incorrect in any way, line through incorrect information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable	DO NOT WHILE IN MINOURNOL
Suite, Apt. #, etc. City & Guide City & State	5. FEI Number Suf 3 615 Not Applicable
Zip 33060 Country Zip Country	for a Certificate of Status
Trile(s) and/or Directors Offi 2 3 (Do NOT Us	tions must list at least 3 directors) Det Address of Each Cor and/or Director City / State / Zip Cor State / Zip Cor State / Zip Cor State / Zip
BIE TOMMES MPLUGGI 225	of Contino Contino Course
	3300
THERE ANTHONY MANUGOI	
THERE ANTHONY MANUGOI	4/00/00/21/2521/4 - 51 -04/03/37-01133-002 ***1253.75 ***1253.75
WEDE TOURSE LABORDO	-04703/3701133002 ***1253.75 ***1253.75
B. Name and Address of Current Registered Agent Anthony Maucks 1288 SN 10 ST	9. Name and Address of New Registered Agent
WEDE TOURSE LABORDO	9. Name and Address of New Registered Agent Name WHATE STATE STA
B. Name and Address of Current Registered Agent How Mauch 1288 3010 St	9. Name and Address of New Registered Agent Name ANTION MALLO 66 I Street Address (P.O. Box Number) Not Acceptable) Suite, Apt. ii, Etc. City Pothessa Read FL 32000
8. Name and Address of Current Registered Agent And Wall Supposed agent 10. I, being appointed the agistered agent of the above named constration, am familiar with Signature of Registered Agent Manual Manual Manual	9. Name and Address of New Registered Agent Name Name Name No. No. Number No. Acceptable) Street Address (P.O. Box Number No. Acceptable) Suite, Apt. ii, Etc. City Pomphy Read h and accept the obligations of Section 607.0505, F.S. Dat 0 2 / 2 4 / 97
B. Name and Address of Current Registered Agent A. T. 28B 28 10 ST 10. I, being appointed the agistered agent of the above named convertion, am familiar with Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Status 12. I do hereby certify that the information supplied with this filling is voluntarily turnished at lease the Division of Corporations from any liability of non-compliance with Section 119 certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application the reason for dissolution has been eliminated, the corporations from the reason for dissolution has been eliminated, the corporation of the reason for dissolution has been eliminated, the corporation in the reason for dissolution has been eliminated.	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) Nat Acceptable) Suite, Apt. #, Etc. City Office of State Zip Code FL Scot) h and accept the obligations of Section 607.0505, F,S. Dat 0 2 / 2 4 / 97