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DOCUMENT# V530TO  I deposition that W530TO	ALL CIOAHON			Katherine Harris			FILED	
TACCARASSEE, FLORIDA	REINSTATEMENT DIVISION OF CORPOR					99 DEC -9 AM 9: 09		
## NAPIES FL 34108  We above addresses are incorrect in any way, line through incorrect information and enter correction below.  We above addresses are incorrect in any way, line through incorrect information and enter correction below.  Pathocal Office Address, if Applicable  Suite, Api #, etc.  Suite, A	1. Cirpora	ition Name		, JNC.			SECRETARY OF TALLAHASSEE. F	STATE L <b>G</b> RIDA
If above addresses are incorrect in any way, line through incorrect information and enter correction below.    REINSTATEMENT	684	6 TRAIL BWD. 1	NORTH	<b>\</b>				
Suite. Apt. etc.  Suite. Apt.	If above a	uldresses are incorrect in any way, line	through incorrect i					VT 97-99
Zip Country Zip Country C CERTIFICATE OF STATUS DESIRED						5. FEI Number Applied For		
Title(1)    Title(2)   2   2   2   2   2   2   2   2   2	Ζφ	Country		Country	y	6.	D SE	75. Additional Fee regard
Tritle(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip  D POLIN, William R. 6846 TRAIL BWD N. NAPIES, FL 34109  D POLIN, VALERIE 6846 TRAIL BWD N. NAPIES, FL 34109  B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 12/22/93 -011047 -007  ****1050,00 ****1050,00  ****1050,00 ***1050,00  ****1050,00 ****1050,00  ****1050,00 *	7 Names	, · · · · · · · · · · · · · · · · · · ·		<del></del>			Υ····································	
POLIN, VALERIE    CONTROL   BULD   N.   NAPIES, FL 34108		and/or Directors Of			icer and/or Directo	r	City / 5	State / Zip
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  9. Name and Addre	D				ail BWO	N.	NAPIES, FL	34108
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8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  William R. Polin  6846 TRAIL BUYD N.  NAPLES, FL 34108  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code  To 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  This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No Section 607.0505, F.S. I further certify that when filing 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. The Jaternation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						0000030778302		
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	this rein owed b	nstatement application, the reason for y the corporation have been paid and	dissolution has been the names of indivi	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	s the requirements r an exemption un	of section 607.0401 or 617.	0401, F.S., that all fees . The information indicated
SIGNATURE: W - 1/27/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #	SIGNA	TURE: WmPdi	DOMES MANE OF	CONTROL OFFICER CO.	NIPECTOR		11/27/99	Davidino Phono A