		्रीस्थ <b>= १</b> र्गाट ४	等的数据			
APPLICATION FOR REINSTATEMENT	FLORIC	OA DEPARTMENT Sandra B. Mor Secretary of S	NT OF STATE tham state	OMPLET	ING THIS FORM. FILED	
DOCUMENT # VIII39  1. Corporation Name R. J. Block + Associates INC.				96 NOV -7 PM 3: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business  8/48 Blue 18/15 Pl  Lo My wood, F1 32779				DEINOTATEBAENT/II []		
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	lling Address, If Applica				1900	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State		5. FEI Number	FEI Number Applied For SP 3/48074 Not Applicable	
Zip Country  7. Names and Street Addresses of Each Officer a	Zip and/or Director (Fi		illons must list at lea	st 3 directors)	TE OF STATUS DESIRED	
Title(s) 2 Name of Officers and/or Directors  Name of Officers and/or Directors		Street Address of Each Officer and/or Director Office Box N ONOT Use Post Office Box N			City/State	170
D SAMUEL R. Block 2419 Delton Blud spring the					spring dills Fi	34606
	***********		· · · · · · · · · · · · · · · · · · ·	<u> </u>	00002 <b>004</b>	<b>)</b> 39-=5
					-11/1V/96-40	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Name and Address of Curr	ent Registered Ag	gent	T	9. Name and	Address of New Registered Age	
Lovert J. Block 2148 Blue 1815 Pl Love wood, Fl 32779			Name  Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc. = 90002004333558  Sulte, Apt. #, Etc11/14/96 -01037 -010  City FL 2848175-88			
10. I, being appointed the recommendation of the above named proporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date						
<ol> <li>Does this corporation pa Dept. of Revenue under</li> </ol>	y any intan S. 199.032	gible tax to th , Florida Stat	ne utes. Yes	□ No l	(See other side if an intendit	or information sie tax.) ?
12. I do hereby certify that the information suppliess the Division of Corporations from any licertify that I am an officer or director or the this reinstatement application the reason follows owed by the corporation have been paunder oath.	ecoiver or trustee	empowered to execut	e this apolication as	provided for in	chapter 607 or 617, F.S. I turther	COMITY that when thing : [1993]
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME O	Kobe, F BIGNING OFFICER OR	DIRECTOR	U/OCK	<b>1/1/96 (107)</b> Date Dayli	/350-/62A