

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 FEB 24 PM 4: 18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V69614**

1. Corporation Name

FACILITIES SERVICES AND CONSULTING INTERNATIONAL INC.

Principal Place of Business

Mailing Address

~~6500 PATIO LANE
 BOCA RATON FL 33499~~

~~6500 PATIO LANE
 BOCA RATON FL 33499~~



REINSTATEMENT

97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~823 BRIDLE PATH
 SUITE, APT. #, ETC.
 BOCA RATON, FL.
 City & State
 33496~~

3. New Mailing Office Address, If Applicable

~~823 BRIDLE PATH
 SUITE, APT. #, ETC.
 BOCA RATON, FL.
 City & State
 33496~~

4. Date Incorporated or Qualified To Do Business in Florida **10/07/1992**

5. FEI Number **65-0359804**

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JUPE, CHARLES D.	6500 PATIO LANE 8231 BRIDLE PATH	BOCA RATON FL 33496
D	JUPE, PEGGY T.	6500 PATIO LANE 8231 BRIDLE PATH	BOCA RATON FL 33496

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 -02/25/98--01096--008
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

JUPE, CHARLES D.
 6500 PATIO LANE
 BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 8231 BRIDLE PATH
 Suite, Apt. #, Etc.
 City BOCA RATON State FL Zip Code 33496

10. 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 *Charles D. Jope*
 REGISTERED AGENT MUST SIGN

Date **12/27/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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 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., 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)(l), 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 oath.

SIGNATURE: *Charles D. Jope* CHARLES D. JUPE 12/27/97 561-947-2293
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/87)