ORICWAL



CK# 0092 CK\$ 100.00

472 JUN 16 2004

6-11-04

1		040537-TC RT	-
F	1.	Name of company or name of individual (not fictitious name or d/b/a):	
		JAMES C. KAINS	
	2.	Name under which applicant will do business (fictitious name, etc.):	
	3.	Official mailing address:	
		Street: 3940 INVERNARY BLVD. # 807 3	
		P.O. Box:	
		City: LAUDENhill	
		State: <i>FL</i> , zip: <u>333 19</u>	
	4.	Florida address:	
		Street: SAME	
		P.O. Box:	
		City:	
		State:Zip:	
	5.	Structure of organization:	
		() Individual	
CMD			
CMP		() General Partnership	
CTR		() Limited Partnership	
ECR		() Other:	
GCL	<u>6.</u>	If incorporated in Florida, provide proof of authority to operate in Florida:	
OPC		Florida Secretary of State \[\lambda = \lamb	
MMS		Florida Secretary of State Corporate Registration Number: PO 4000073539	
RCA			
SCR	_		
OTH	Requi	PSC/CMU-32 (02/99) red by Commission Rule Nos. 25-24.510 & 25-24.511	
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