

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **L42593**

1. Corporation Name  
**LIETOM, INC.**

**WISU-5721**

Principal Place of Business Mailing Address  
**c/o CT Corporation System**  
**8751 West Broward Blvd.**  
**Plantation FL 33324**

**REINSTATEMENT 92-00**

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

2. New Principal Office Address, If Applicable <b>3692 N.E. 195th Lane</b>		3. New Mailing Office Address, If Applicable <b>1500 San Remo Ave.</b>		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 125</b>		5. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>North Miami Beach, FL</b>		City & State <b>Coral Gables, FL</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$875 Additional Fee required for a Certificate of Status</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33146</b>	Country <b>USA</b>		

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
P/D	TOMAS STRANSKY	3692 N.E. 195th Lane	North Miami Beach, FL 33180

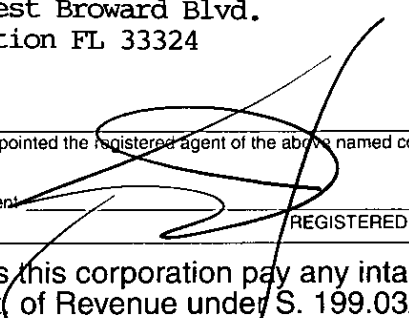
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**\*\*\*1950.00 \*\*\*1950.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

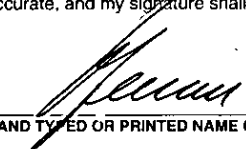
CT Corporation System 8751 West Broward Blvd. Plantation FL 33324		Name <b>Atrium Registered Agents, Inc.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1500 San Remo Ave., Suite 125</b>	
		Suite, Apt. #, Etc.	
		City <b>Coral Gables</b>	State <b>FL</b>
		Zip Code <b>33146</b>	

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:  REGISTERED AGENT MUST SIGN Date: **2/22/00**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(i), 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:  Date: **Feb 14/2000** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)