

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 J

APPLICATION
98 AR
REINSTATEMENT

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

FILED

98 NOV 25 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M33743**
1. Corporation Name
DUST AND GLITTER INC.

Principal Place of Business C/O DENA STOPNICKI 5863 SUNSET DR S. MIAMI FL 33143	Mailing Address C/O DENA STOPNICKI 5863 SUNSET DR S. MIAMI FL 33143
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business In Florida 06/16/1986	5. FEI Number 59-2725820	Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

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	STOPNICKI, DENA	130 W. RIVO ALTO DR.	MIAMI BEACH FL
		19555 E. Country Club Dr. # 8-508 Aventura, Fla. 33180	
			300002703759-8 -12/04/98-01104-013 ***150.00 ***150.00

8. Name and Address of Current Registered Agent STOPNICKI, DENA 5863 SUNSET DR S. MIAMI FL 33143	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *[Signature]* Date: **10/30/98**
REGISTERED AGENT MUST SIGN

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)(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: *[Signature]* Date: **10/30/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/95)

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Dear Sirs,

As per our phone conversation,
I have been in business, incorporated
for the past 12 years. I was unaware
that payment was due for I did not
receive any notice until now. As you
instructed here is my payment
of \$150 of yearly corporate dues
for Dest: Glitter. Thank you for your
attention to this matter.

Dana Stopnicu Pres.