. DI FASE READ	ALLINST	RUCTIONS	S REFORMO	OMPLET	ING THIS FORM.	
APPLICATION FOR	FLOBID		Ba AZ			
REMOVINEVALL	800	VISION OF CORP	ORATIONS		FILED	
DOCUMENT # M 85845				98 JUL -6 AM 9: 43		
1. Corporation Name FLOREL INC.	8-12118	-12118		CKETZKY OF STATE LAHASSEE, FLORIDA		
				170.	LANASSEE, LEGISTA	
Principal Place of Business Mailing Address  P.O. BOX 4175 8500 SW 8TH ST # 246  FORT LAUDERDALE, FL 33338 MIAMI, FL 33144						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Address, If Applicable				DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #,			To Do Busin 06/06 5. FEI Number	ness in Florida /1988	
City & State	City & State			65-00	7 ppiled 1 of	
Zip Country	Zip Country		ntry	6. CERTIFICATI	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Flo					
Title(s) 1 2 Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
PRES GONTHIEZ FREDERIC	96 RUE DHAVERNAS			80000 AMIENS FRANCE		
V-PRESGONTHIEZ HENRI		BAVELINCOURT			80260 FRANCE 00025851328	
			<u> </u>		-07/10/9801048008 *****515.00 ****515.00	
					JS 14/98	
8. Name and Address of Current Registered Agent		ent	Name and Address of New Registered Agent			
C.T. CORPORATION SYSTEM				BEST ACCOUNTING, INC.  Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND PLANTATION, FL 33324	8500 S.W. Suite, Apt. #, Etc. # 246		. 8th S	13		
		City MIAMI		State Zip Code FL 33144		
10. I, being appointed the registered agent of the about Signature of Registered Agent RE	Tal	BEST	with and accept the ob ACCOUNTING, INC W. 8th Street, #2	C. E I.No	59-2276409	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)						
lease the Division of Corporations from any liabilit certify that I am an officer or director or the recei- this reinstatement application the reason for dissi	y of non-compli ver or trustee e plution has bee	iance with Section t mpowered to execu in eliminated, the c	(19.07(3)(k) in the eve ute this application as orporate name satisfic	ent that the inform provided for in cl es the requiremen	on stated in Section 119.07(3)(k), Florida Statutes. I re- lation supplied is deemed exempt from public access. I hapter 607 or 617, F.S. I further certify that when filing ints of section 607.0401 or 617.0401, F.S., and that all signature shall have the same legal effect as if made	

## M8-96.

P.O. BOX 4175 Fort Lauderdale FL. 33338

PH: (954) 525-1257 FAX: (954) 522-7159

June 19,1998

Florida Department of State **Division of Corporations** P.O.Box 6327 Thallahassee FL 32314

Att: Stacy Prather

Subject: Letter N: 598A00029844

Dear Sir.

We were very surprised to receive your letter.

We are paying to C.T Corporation each year, and we never received any documents indicating that we were not in order. C.T Corporation never send us any documents to fill .We received only the renewal invoice, and we paid every time, on time.

The last check we made to them , was check n# 3210 dated June,9,1997 for the amount of \$ 235.00 (copy included)

It is very surprising that we receive this letter telling us the corporation is dissolved without any warning.

We were completely relying on C.T.Corporation.

de Lacroix

They are responsible for making sure that the annual report is filed.

Please indicate us how to resolve this matter.

We thank you.

Best regards.

Sophie de Lacroix

Manager