
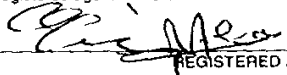



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR ORAL REINSTATEMENT</b></p> 		<p>FLORIDA DEPARTMENT OF STATE  <b>Katherine Harris</b>                  Secretary of State                  DIVISION OF CORPORATIONS</p>																									
<p>DOCUMENT # P95000016289</p>																											
<p>1. Corporation Name  <b>U.S.1 AMERICA'S INDOOR FLEA MARKET</b></p>																											
<p>Principal Place of Business  <b>14 N.E. First Avenue #1112                  Miami, Florida 33132</b></p>		<p>Mailing Address</p>																									
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																											
<p>2. New Principal Office Address, If Applicable  <b>18901 S. Dixie Highway</b>                  Suite, Apt. #, etc.</p>		<p>3. New Mailing Office Address, If Applicable  <b>18901 S. Dixie Highway</b>                  Suite, Apt. #, etc.</p>																									
<p>City &amp; State  <b>Miami, Florida 33157</b>                  Zip Country  <b>USA</b></p>		<p>City &amp; State  <b>Miami, Florida 33157</b>                  Zip Country  <b>USA</b></p>																									
		<p>4. Date Incorporated or Qualified To Do Business in Florida  <b>2/28/95</b></p>																									
		<p>5. FEI Number  <b>65-0559083</b></p>																									
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>58.75 Additional Fee required for a Certificate of Status</b></p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Elias Akar</td> <td>18901 S. Dixie Highway</td> <td>Miami, FL 33157</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	Elias Akar	18901 S. Dixie Highway	Miami, FL 33157																
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<p>8. Name and Address of Current Registered Agent  <b>Elias Akar                  14 N.E. First Avenue #1112                  Miami, Florida 33132</b></p>		<p>9. Name and Address of New Registered Agent                  Name  <b>Elias Akar</b>                  Street Address (P.O. Box Number is Not Acceptable)  <b>18901 S. Dixie Highway</b>                  Suite, Apt. #, Etc.                  City  <b>Miami</b> State Zip Code  <b>FL 33157</b></p>																									
<p>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.</p> <p>Signature of Registered Agent  Date <b>5/10/99</b>                  REGISTERED AGENT MUST SIGN</p>																											
<p>11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																											
<p>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.</p>																											
<p>SIGNATURE:  <b>ELIAS AKAR</b>                  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p><b>5/10/99</b> <b>305 234 2828</b>                  Date Daytime Phone #</p>																									

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FLORIDA DEPARTMENT OF STATE  
 HALL OF RECORDS, FLORIDA

**REINSTATEMENT**

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