

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 11:56

DOCUMENT # *P95000066926*

1. Corporation Name
Cherche Midi Corp.

Principal Place of Business Mailing Address
*7221 S.W. 58th Ave
Miami Beach FL 33143*

REINSTATEMENT *97*

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8 2995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0637288	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
Pres	<i>Dorothy Watkins</i>	<i>141 N. Hibiscus Drive</i>	<i>Miami Beach FL 33139</i>
Vice Pres	<i>Marco Bealini</i>	<i>same as above</i>	
			<i>900002356789--5</i>
			<i>-11/25/97-01058-004</i>
			<i>****750.00 ****750.00</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>Dorothy Watkins CSC P.O. Box 13397 Philadelphia Pa 19101-3397</i>		Name <i>Dorothy Watkins</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>141 N. Hibiscus Dr</i>	
		Suite, Apt. #, Etc. <i>Miami Beach</i>	
		City <i>Florida</i>	
		State <i>FL</i> Zip Code <i>33139</i>	

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 *Dorothy Watkins* REGISTERED AGENT MUST SIGN Date *Nov 10, 1997*

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: *Dorothy Watkins* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *Nov. 10 1997* Daytime Phone # *305-665 6339*

CFR2040 (12/95)