

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED
 98 DEC 22 PM 12:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000100630**

1. Corporation Name
AKYLOS CORPORATION

Principal Place of Business: 1275 SW 46TH AVE #2406, POMPANO BEACH FL 33069
 Mailing Address: 1275 SW 46TH AVE #2406, POMPANO BEACH FL 33069



REINSTATEMENT 98

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	
		4821 COCONUT CREEK PKWY		01/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		SUITE 114		65-0715228	
City & State		City & State		Applied For	
		COCONUT CREEK, FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
		33063	USA		

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	LUIS E DEL AGUILA JR	1275 SW 46 AVE #2406	POMPANO BEACH, FL 33069

300002725639-6
 -12/23/98-01090-005
 ****758.75 ****758.75

12/12/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AGUILA, LUIS D 1275 SW 46TH AVE #2406 POMPANO BEACH FL 33069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *[Signature]* **SIGNATURE REQUIRED** Date: 12-14-98
 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)(l), 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]* **SIGNATURE REQUIRED** Date: 12-14-98 Daytime Phone #: 954/917-3220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LUIS E DEL AGUILA JR

CR22E040 (9/96)