PLEASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED OO MAR - 1 AM 10: 18 SECRETARY OF STATE TABLEARASSEE, PLORIDA
DOCUMENT # POTO 1. Corporation Name TIFFANY CAPITAL	00025870 corp.	TALLARASSEE. PLORIDA
2. Principal Office Address	3. Mailing Office Address	00 (0)
7220 NW 36 ST.	SAME	REINSTATEMENT
Suite, Apt. #, etc. 2.20	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 3/97
MIAMI, FL		5. FEI Number Applied For Not Applicable
33166 DADE	Zip Country	6. CERTIFICATE OF STATUS DESIRED 77 S375 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registers	
Street Address (P.O. Box Number is N 4435	Not Acceptable) IN TEX GARDEN LOAD Over named Porporation, am familiar with and accept the ob-	State Zip Code FL 32402 Digations of section 607.0505 or 617.0503, F.S.
ignature of Registered Agent	REGISTERED AGENT MUST SIGN	Date <u>2/28/50</u>
Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Plas JAY CHO	4630 NW 102- A	AVE #202 MIAM, FL 33178
		0000031626104 -03/08/0001086011 ***1058.75 ***1058.75
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my solutions application is true and accurate.	solution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated roath. 305 46 4001 Date Daytime Phone #

SIGNATURE:

CR2E081 (9/99)