

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN 3 PM 2:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000056921

1. Corporation Name

MICHAELDAN CORP.

Principal Place of Business

751 WASHINGTON AVE MIAMI BEACH FL 33139

Mailing Address

1440 PEEL MONTREAL QUEBEC CA H3A15 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

06/27/1997

5. FEI Number

65-0779729

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for BENSOUSSAN, MICHEL and BENSOUSSAN, DANY.

400003095304--2 -01/12/00--01002--002 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE ACCESS, INC. 1116-D THOMASVILLE RD MOUNT VERNON SQUARE TALLAHASSEE FL 32308

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

Handwritten signature of Michel Bensoussan

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date (514) 845-0583

11. I certify that I am an officer or director of 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 furnished on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

MICHEL BENSOUSSAN

15 dec 99

Date

(514) 845-0583

Daytime Phone #

KE