

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000101960

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1. Corporation Name

THE MIAMI BEACH MODELS SHOWCASE, INC.

Principal Place of Business

Mailing Address

102 PARK STREET
SAFETY HARBOR FL 34695

102 PARK STREET
SAFETY HARBOR FL 34695



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

12/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3550132

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	OSLER-OLECK, PAMELA	102 PARK STREET	SAFETY HARBOR FL 34695

100003487421--3
-12/05/00--01047--016
*****150.00 *****150.00

10/19/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLECK, PHILIP H
102 PARK STREET
SAFETY HARBOR FL 34695

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

Philip H. Oleck
REGISTERED AGENT MUST SIGN

Date

10/19/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Osler
Pamela Osler

Date

Daytime Phone #

10-18-00 727 669 949

CR2E040 (800)

PER000101960

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November 7, 2000

To whom it may concern:

In response to your letter dated November 1, 2000, the reason we sent a check for \$150.00 along with the reinstatement papers, is because when we called your office and explained that we had never received the renewal papers we were told to just fill out the papers and return them with a check for \$150.00, which is the renewal fee. I am sending this because upon the receipt of your letter I called the Division of Corporations and they told me that the renewal papers were returned because I did not attach a letter of explanation. I am not sure why we did not receive the papers, we do have a police report on file from when we had mail stolen from the mailboxes in the neighborhood which may be the reason we never received them. Thank you.

Sincerely,

Pamela Osler-Oleck
Pamela Osler-Oleck
President