

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 12 J

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



DOCUMENT # M33743

1. Corporation Name

DUST AND GLITTER INC.

Principal Place of Business

Mailing Address

C/O DENA STOPNICKI
5863 SUNSET DR
S. MIAMI FL 33143

C/O DENA STOPNICKI
5863 SUNSET DR
S. MIAMI FL 33143

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

06/16/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2725820

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STOPNICKI, DENA	130 W. RIVO ALTO DR.	MIAMI BEACH FL
		19555 E. Country Club Dr. # 8-508 Aventura, Fla. 33180	
			300002703759--8 -12/04/98-01104-013 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOPNICKI, DENA
5863 SUNSET DR
S. MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

[Signature] 12/30/98

REGISTERED AGENT MUST SIGN

Date

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)(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] 12/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/95)

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Dear Sirs,

As per our phone conversation,
I have been in business, incorporated
for the past 12 years. I was unaware
that payment was due for I did not
receive any notice until now. As you
instructed here is my payment
of \$150 of yearly corporate dues
for Dest: Glitter. Thank you for your
attention to this matter.

Dana Stopnicu Pres.