APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT FL	FILED FILED
DOCUMENT # 5/307/ 1. Corporation Name COIN INTERNATIONAL INC	SECRETARY OF STATE
Principal Place of Business 786 / SW 53 RD AYE MIMMI FL 33 143 If above addresses are incorrect in any way, line through incorrect information and enter	correction below.
2. New Principal Office Address, If Applicable 7861 SW 53 AVE 7861 SW 52 Suite, Apt. #, etc. City & State MINMI FL Zip 32143 Country Zip 32142 Country	Applicable A Date Incorporated or Qualified To Do Business in Florida AUG 197H 1976 5. FEI Number Applied For Not Applicable
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation)	ations must list at least 3 directors)
Title(s) and/or Directors Of	eet Address of Each ficer and/or Director se Post Office Box Numbers) 4 City / State / Zip
PRESIDENT (N MIRCHANDAN) 7861 SW 53 AVE MIMMI FL 33143	
SECRETARY	2000027520723 -01/22/99-01106-007 ****300.00 *****300.00 2000027520723 -01/22/99-01106-008 *******8.75 *******5.75
Name and Address of Current Registered Agent	Name and Address of New Registered Agent
PURCHOTOM (PETER)	
N MIRCHAND BNI	Name Street Address (P.O. Box Number is Not Acceptable) Stifte Ant # Ftc
7861 SW 53 AVE	Suite, Apt. #, Etc.
MIAMI FL 33143	City State Zip Code
10. I, being appointed the registered agent of the above pamed corporation, am familiar will Signature of Registered Agent REGISTERED AGENT MUST SIGN	th and accept the obligations of Section 607.0505, F.S. Date
1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 507 or 617, F.S. I further certify that when filling 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 Date Daytime Phone #	

January 11th 1999

To Department of State Division of Corporations P.O.Box 6327 Tallahassee Fl 32314

From Coin International Ins #513071 7861 SW 5r Avenue Miami Fl 33143

Reinstatement of Corporation

I refer to our conversation this morning regarding the above. As explained, I had not received the notice of annual filing as the notice was apparently sent to the wrong address.

As per your instructions Iam sending herewith the application for reinstatement along with a check for \$300 as required by you.

Thanking you for your help,

Sincerely

P.N.Mirchandani