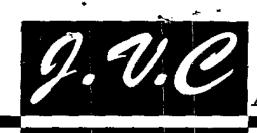
, PLEASE REA	D ALL INSTRUCT	TIONS BEFORE C	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # 5402/0			
1. Corporation Name			90 F1
1. Corporation Name Plaster DESTEN Unlimited, INC.			SECONDU 24 MILED TALLARASSEE, FT STATE 10
Mailing Address Principal Place of Business			ARASON MIL
1855 Griffton RD 1855 Griffton RD Suite B380 Suite B380			EF FISTA O
DANIA BEACH FL 3300Y DANIA BEACH, FL. 33004			ORIO E
It above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida June 3, 1911
			5. FEI Number Applied For
City & State	City & State		5 / - / / 9 / O 8 9 O Not Applicable
Zip Gountry	Zip	Country	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)			
Title(s) Name of Officers and/or Directors	3 (1	Street Address of Each Officer and/or Director On NOT Use Post Office Box N	City / State / Zip
President MICHAEL OBUNTOYINBO 884 N.E 72nd ST			
		,	1000025985413 -12/01/9801034010
			***1367.00 ***1367.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent			
Name Jeannette Campbell			mette Campbell
		Street Address (P	1.0. Box Number is Not Acceptable)
		Suite, Apt. #, Etc.	nhroke Pines Fl
		City	State Zip Code
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 Date 11/20/98 REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. 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 EVERS OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			



ACCOUNTING, INC.

Dear Amette:

Enclased please And.

Reinstatement Form For.

Plates Design if check

\$8029 \$1,367
Please send as a copy of

certified esticles

Hankyou

Heave Sup F. E. Change to