DI EASE DEAD ALL INSTRUCTIONS REFORE COMPLETING THROUGHOUSE

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CORPORATION REINSTATEMENT		2855 M. 1.77. O	s	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS			02 DEC -3 PM 2:40 SEGNLIARY OF STATE TALLAHASSEE, FLORIDA			
1. Corpora		75 \$199 GEE CENTER	VSANT R	KEFIJIE	Ξ					
	2. Principal Office Address 119 NE-54TH STREET			3. Mailing Office Address			RTA	TEMEN	T c	 12
Suite, Apt. t			Suite, Apt. #, s	etc.			_	*. ***********************************	A. Maria de	
- Cu	Fq means		, Obm.,	Pica		4. Date Incor			1000	
City & State)	7170000	City & State	****			siness in Fl	orida 09/17/		
MIAMI	FL						5. FEI Number 592028218		 -	plied For Applicable
Zip 33137	Cour		Zip		Country	6.		S DESIRED \$8.7	Additiona	l Fee required te of Status
			7. Nr	ome and A	ddress of Current Registe	and Amont	····		ii yenne	(8 0) 3(3(0-2
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	PH-AL					l				
	STREET MUSICIPANT	· ^4-blo\	***************************************		-11-	14 11 11			- 4	
	G. 667. 1307. 1357. [P.O. Box Number is No	x Acceptable) 6	3113 NV	V 183 LANE	곽 L 12/03	7020	09317 5 01044020	5 44 **236] ₂₅
	Suite, Apt. #, Etc.		Acceptable) 6	3113 NV	V 183 LANE	41. 12/03	301131 17020	09317 9 01044020	**236	25
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8. I, being :	Suite, Apt. #, Etc. City MIAMI		6		V 183 LANE		State FL	Zip Code 3301		25
8. I, being : Signature of Registered A	Suite, Apt. #, Etc. City MIAMI appointed the register	tered agent of the abov	6	ration, am fa	amiliar with and accept the o		State FL	Zip Code 3301: 5 or 617.0503, F.S. 11/22/2002		25
Signature of Registered A	Suite, Apt. #, Etc. City MIAMI appointed the registr	tered agent of the abov	e named corpora	ration, am fa	amiliar with and accept the o	obligations of secti	State FL on 607.050	Zip Code 3301: 5 or 617.0503, F.S. 11/22/2002		25
Signature of Registered A	Suite, Apt. #, Etc. City MIAMI appointed the registr	tered agent of the abov	e named corpora	ration, am fa	amiliar with and accept the o	obligations of section of section of section of sections of sectio	State FL on 607.050	Zip Code 3301: 5 or 617.0503, F.S. 11/22/2002	5	25
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Signature of Registered A 9. Names Titles	Suite, Apt. #, Etc. City MIAMI appointed the registre Agent Agent Addresse	tered agent of the above the property of the property of Each Officer and/or Directors EAN RENE	re named corpora	ention, am fa	amiliar with and accept the of SIGN SIGN Street Address of Eac. Officer and/or Directors	obligations of section of section of section of sections of sectio	State FL on 607.050 Date	Zip Code 3301 5 or 617.0503, F.S. 11/22/2002 City / State	5	25
9. Names Titles PD VD	Suite, Apt. #, Etc. City MIAMI appointed the register Agent Addresse Office FOUREAU, JI PH-AUGUSTE	tered agent of the above the property of the property of Each Officer and/or Directors EAN RENE	/e named corpora	ent MUST rida nonprof	amiliar with and accept the or SIGN Street Address of Eac Officer and/or Directs 54TH STREET	obligations of section of section of section of sections of sectio	State FL on 607.050 Date	Zip Code 3301 5 or 617.0503, F.S. 11/22/2002 City / State	5	25
9. Names Titles PD VD STD	Suite, Apt. #, Etc. City MIAMI appointed the register Agent Addresse Office FOUREAU, JI PH-AUGUSTE	tered agent of the above of Each Officer and/ Name of cers and/or Directors IEAN RENE E, FERNAND ENRY HERMAN	AP Named corpora	ent MUST rida nonprof	amiliar with and accept the of SIGN SIGN Street Address of Eac Officer and/or Directors 54TH STREET	obligations of section of section of section of sections of sectio	State FL on 607.050 Date MIAMI MIAMI	Zip Code 3301: 5 or 617.0503, F.S. 11/22/2002 City / State FL 33137	5	25

10. 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.

119 NE 54TH STREET

SIGNATURE:

D

LAW YOUR TOWNERS JEAN-RENE F
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXANTUS, SARGILUS

JEAN-RENÉ FOUREAU PD

305-757-8538

MIAMI FL 33137

Daytime Phone #