PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

F02000003462 DOCUMENT

1. Corporation Name

DAVID MORRIS INTERNATIONAL INC.

Principal Place of Business

Mailing Address

301 WORTH AVE. PALM BEACH FL 33480 C/O DONAHUE & PARTNERS 5 TIMES SQUARE

FILED

03 OCT 29 PH 12: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT	እግ

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REIN	ISTATEMENT 03	
	New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/05/2002				
Suite, Apt. #, etc. Suite, Apt. #		, etc.		5. FEI Number Applied For			
City & State City & State)		56-2292992 Not Applica			
Zip	Country	Zip	`	Country	6. CERTIFICATI	S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	I/or Director (Flo	orida nonprofit	t corporations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip	
XXXX P/S	MORRIS, JEREMY LEE	301 WORTH AVE.			PALM BEACH FL 33480		
XXXX	MORRISXSUZEXIE	201XWQRTHXAVEX		PALMA REACHAELA 33480			
хяхх	RQUIM.XEBERWARDX		& TIMES SOLVARE			NEW-XORK-NY-10936	
. Ď	Morris, David		301 Worth Ave			Palm Beach, FL 33480	
D	Faweet, Robert 30		301 Worth Ave			Palm Beach, FL 33480	
D	Zingg, Rudi	di 301 Worth Ave			Palm Beach, FL 33480		
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Street Address (I	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 10024250631				
				City		State Zip Code	
10. I, being	Agent / Zellion of h	ove named corp	0 00	Deborah D. S Asst. V. Pr	kipper	tion 607.0505, F.S. or 617.0505, F.S. Date	

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 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:

JEREMY LEE MORRIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Opratizated of St.



REFERENCE : 297591 AUTHORIZATION COST LIMIT : \$ 750.00 ORDER DATE: October 28, 2003 ORDER TIME: 10:30 AM ORDER NO. : 297591-005 CUSTOMER NO: 7207182

ACCOUNT NO. : 072100000032

REINSTATEMENT

Donahue & Partners Llp

CUSTOMER: Ms. Miwako Dai

34th Floor

5 Times Square New York, NY 10036

NAME: DAVID MORRIS INTERNATIONAL

INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS