


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -2 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1658.75 ***1658.75

REINSTATEMENT 92-98

DOCUMENT # H24696

1. Corporation Name
MUELLER & YAMMINE, INC.

Principal Place of Business	Mailing Address
36 N.E. 1st Street Suite No. 256 Miami, Florida 33132	36 N.E. 1st Street Suite No. 256 Miami, Florida 33132

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/09/84	
City & State		City & State		5. FEI Number	
Zip		Country		59-2458870	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 PD	2 BOUTROS YAMMINE	3 8940 S.W. 61 Court	4 Miami, Florida 33156
SD	MARIA MUELLER	8940 S.W. 61 Court	Miami, Florida 33156

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Boutros Yammine 8940 S.W. 61 Court Miami, Florida 33156	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 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 11/25/98

REGISTERED AGENT MUST SIGN

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 of 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)(f), 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]* **BOUROS YAMMINE** **PRESIDENT.** Date: 11/25/98 Daytime Phone #: 305.3741281

CR2004 (9/98)