

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
 NOV 14 1997
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H 35359

1. Corporation Name
 WOW Of Miami, Inc.
 19908 NW 67 Circle Ct.
 Miami, FL 33015

Principal Place of Business Mailing Address
 19908 NW 67 Circle Ct. P.O. Box 4191
 Miami, FL 33015 Hialeah, FL 33014

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.		12-26-84	
City & State		City & State		5. FEI Number	
Zip		Country		59-2520204	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Alejandro Alameda	19908 NW 67 Circle Ct.	Miami, FL 33015
			100002350801-2 -11/18/97-01071-002 ***1575.00 ***1575.00
			REINSTATEMENT 92-97 768 11/14/97
			100002350801-2 -11/18/97-01071-003 *****8.75 *****8.75

8. Name and Address of Current Registered Agent
 Mayra Alameda
 19908 NW 67 Circle Ct.
 Miami, FL 33015

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 Mayra Alameda Date Nov. 11, 1997
 REGISTERED AGENT MUST SIGN

11. 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 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.

SIGNATURE: Alejandro Alameda Alejandro Alameda, Pres. Nov. 11, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date (305) 621-0713 Daytime Phone #

CREEMO (12/96)