
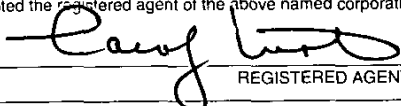
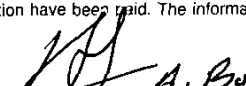


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H67793 1. Corporation Name ANICE CORPORATION		FILED 00 NOV 29 AM 11:16 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 1500 W. 62ND STREET STE 102 FT. LAUDERDALE, FL. 33309		Mailing Address 1500 W. 62ND STREET STE 102 FT. LAUDERDALE, FL. 33309	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 7/22/1985		5. FEI Number 59-5093213	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$375 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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	2	3	4
	P/D BOUTAREL, ANDRE	1500 W. 62 ST STE 102	FT. LAUDERDALE, FL. 33309
8. Name and Address of Current Registered Agent ROBERT CALEFFE 3101 N. Federal Hwy 6th Floor FT. LAUDERDALE, FL. 33306		9. Name and Address of New Registered Agent Name CAROLYN NICOTRA Street Address (P.O. Box Number is Not Acceptable) 3601 W. Commercial Blvd Suite, Apt. #, Etc. SUITE 28 City FT. LAUDERDALE State FL Zip Code 33309	
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 11/8/00 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 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., 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:  A. BOUTAREL		Date 11/20/00 Daytime Phone # 938-2052	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2ED40 (12/95)