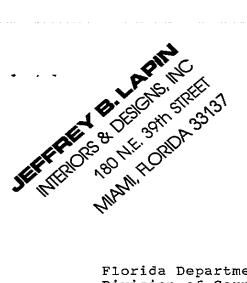
PARAS EXEAD ALL DISTRUCTIONS BEFORE COMPLETING THIS FORM.									
APPLICAT CA FOR IDA DEPARTMENT OF STATE									
FOR Sandra B. Mortham Secretary of State						Manual D 0 00000	strain.		
REINSTATEMENT DIVISION OF CORPORATIONS						FILED			
DOCUMENT # J00568 1. Corporation Name					98 NOV 20 AM 9: 51				
JEFFREY B. LAPIN INTERIORS & DESIGNS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address									
C/O JEFFREY E 180 NE 39TH S MIAMI FL 33137 US	т. #220	180 NE 39TH ST STE 220 MIAMI FL 33137 US							
	esses are incorrect in any way, line thro nal Office Address, If Applicable	orrection below. Applicable	4. Date Incorp	orated or Qualified					
Suite, Apt. #, el	tc.	Sulte, Apt. #, etc.			To Do Business in Florida 02/21/1986 5. FEI Number Applied For				
City & State		City & State		- <u>-</u>	5. FEI Numbe	59-2674651		Applied For Not Applicable	
Zip Country		Zip Count			6. CERTIFICATI	6. S8.75 Additional Fee required for a Certificate of Status			
7. Names and	Street Addresses of Each Officer and/o	or Director (Florida no						·	
Title(s) 2	Name of Officers (a) Name of Officers and/or Directors 2 3 (Do NOT U			et Address of Each cer and/or Director Post Office Box Nu	ımbers)	4 Ci	ity / State / Zip		
PD LA	PIN, JEFFREY B.	3911 LOQUAT AVE.			COCONUT GROVE FL				
					8	000027 -12/02/9 *****150	00968 801093- ****	3——9 -044 150.00	
							(
	8 Name and Address of Comment D	lamistared Ament			O Nama and	Address of New Regist	tornd Agent	<u> </u>	
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Regist	ered Agent		
LAPIN, JEFFREY B.				Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Ftc					
3911 LOQUAT AVENUE COCONUT GROVE FL 33133				Suite, Apt. #, Etc.					
		City State Zip Code							
10. I, being appointed the registerelt/agent of the above named/corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agen REGISPARED AGENT MUST SIGN Date 1/-13-98									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No									
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 accruracy and my signature shall have the same legal effect as if made under oath.									
SIGNATURE: SIGNATURE AND RELEGY PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #									



Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, F1. 32302-1500

November 13, 1998

Dear Madam:

I just called your office today and spoke with a gentleman named Tyrone and explained to him that I never received a Corporation Annual Report First Notice for 1998 and therefore did not file the form at the time. I did receive a notice of termination that I have just completed as per his instructions and am enclosing the fee of \$150.00 to have the corporation reinstated.

I am a small business and this has never happened to me before. I have a new bookkeeper and now am set up so that it never happens again.

Thank you kindly for eliminating the penalty fees for this oversight.

Jeffrey B. bapin

President