

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -3 PM 3:53

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J90051

1. Corporation Name
SPECIALTY INT'L INC

2. Principal Office Address
2063 OPA LOUKA BLVD

3. Mailing Office Address
SANU

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OPA Louka

City & State
FL 33054

Zip
33054

Country
USA

Zip
33054

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-8011115

05-06

CR2E081 (12/05)

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SAMUEL JACK

Street Address (P.O. Box Number is Not Acceptable)
2063 OPA LOUKA BLVD

Suite, Apt. #, Etc.

City
OPA Louka FL

State
FL

Zip Code
33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
02/06/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	SAMUEL JACK	9951 S.W 83 RD	MIA FL 33173
V.P.	FABIA JACK	9951 S.W 83 RD	MIA FL 33173

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
02/06/06
Daytime Phone #
3056813900

02/20

Dear Mr Dumlaf.

I have to stoop on my knees to ask for reconsideration of your decision. Almost 3 months our business was shut down between October and February due to wilma damages. Worst of all roofers could not be found to do the roof and it became unsafe to work under such structure. As a result this reinstatement firm could not get to you earlier. PLS help us survive this terrible period. Last year / this year we have incurred a lot of loss almost out of business. This additional loss you are heaping on us would totally finish us.