

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

Ag/alt

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 AUG 29 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K17299

1. Corporation Name

ADMIRAL SALES CORP.

100003376591--7

2. Principal Office Address 1430 NW 88th AVENUE		3. Mailing Office Address 420 LINCOLN ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 315	
City & State MIAMI, FLORIDA		City & State MIAMI BEACH, FLORIDA	
Zip 33172	Country USA	Zip 33139-3014	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/26/88	
5. FEI Number 65-0035615	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARCOS LAPCIUC	
Street Address (P.O. Box Number is Not Acceptable) 1430 NW 88th AVENUE	
Suite, Apt. #, Etc.	
City MIAMI	State / Zip Code FL 33172

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]* Date 8/25/00
REGISTERED AGENT MUST SIGN

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
D	MARCOS LAPCIUC	420 LINCOLN ROAD	MIAMI BEACH, FL 33139
D	ISRAEL LAPCIUC	1430 NW 88TH AVENUE	MIAMI, FL 33172
D	SIMON BEDA	1430 NW 88TH AVENUE	MIAMI, FL 33172

REINSTATEMENT

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 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.

BY: MARCOS LAPCIUC, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00

Date

Daytime Phone #

CR2E081 (9/99)



Pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 814289 4311639

AUTHORIZATION :

COST LIMIT : \$ 908.75

Patricia Pigott

ORDER DATE : August 29, 2000

ORDER TIME : 2:09 PM

ORDER NO. : 814289-005

CUSTOMER NO: 4311639

CUSTOMER: Rosa Wong, Legal Asst
Akerman Senterfitt & Eidson
One Southeast Third Avenue
28th Floor
Miami, FL 33131-1714

DOMESTIC FILINGS

NAME: ADMIRAL SALES CORP.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
00 AUG 29 PM 3:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA