

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



1996

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 30 PM 3: 35

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DOCUMENT # **K33706**

1. Corporation Name
 LINEN EMBROIDERY CO., INC.
 ELENA CABAN

Principal Place of Business Mailing Address

13390 SW 131st ST.
 STE 139-140
 MIAMI FL 33186

SAME

REINSTATEMENT 96-97

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. | | 01/01/89 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0081527 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input 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 |
| Pres | ELENA CABAN | 14605 SW 115th TERRACE | MIAMI FL 33186 |
| | | | |
| | | | |
| | | | |
| | | | |

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 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

WASHINGTON QUINONES
 1840 W 49th STREET
 HIALEAH FL33012

9. Name and Address of New Registered Agent

Name
 ELENA FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
 14605 SW 115th TERRACE

Suite, Apt. #, Etc.

City
 MIAMI

State
 FL

Zip Code
 33186

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 *Elena Fernandez* REGISTERED AGENT MUST SIGN

Date *10/27/97*

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: *Elena Caban* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/24/97* Daytime Phone # *388 1713*

CR2E040 (1/2/96)