DI EASE DEAD A	LL INSTRUCTIONS BEFORE C	COMADI ETINO THIS EODM
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS	1
DOCUMENT # L 10281		98 KOV 10 PM 4: 05
P. H. TRANSPOAT, IN	c.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2290 N.W. 110 TH Ave.	Mailing Address P.O. Box 522218	
Miami, FL 33172	MIAMI, FL 33152. 2218	REINSTATEMENT OB
If above addresses are incorrect in any way, line through 2. New Principal Office Address, It Applicable	gh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified
2290 N.W. \10 H.W.	P. 0, Box 522218 Suite, Apt. #, etc.	To Do Business in Florida
City & State	City & State	5. FEI Number   Applied For
Zip Country	Mi Ami FZ Zip 33:72 Country U.S.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or		
Title(s)  Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 {Do NOT Use Post Office Box N	City / State / Zip
PD PONTON, WAN	MIAMI, F. 4075 S.W. 1363 A	L 33175
		0000026894105
		****750.00 *****750.00
		20,208
8. Name and Address of Current Re	nictored Agent	9. Name and Address of New Registered Agent
LUAN PONTON	Name Name	3. Name and Address of New negistered Agent
4075 S.W. 1363 Ave.	Street Address (P.	O. Box Number is Not Acceptable)
M. AMI, FL 33175	Suite, Apt. #, Etc.	
	re vir pi€. City	State Zip Code
10. 1, 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  REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No V		
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 filling 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: SIGNATURE AND PEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
LUAN YOXTON	Pasidens	