

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 548.75 45.00 OP

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # M42130

1. Corporation Name

SUBJECT TO CHANGE, INC.

FILED  
97 JAN 21 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% PIERRE SCHMIDT  
420 ESPANOLA WAY  
MIAMI BCH FL 33139

% PIERRE SCHMIDT  
420 ESPANOLA WAY  
MIAMI BCH FL 33139

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

11/21/1986

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

59-2763316

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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
PD	SCHMIDT, PIERRE MARCEL	420 ESPANOLA WAY ESPANOLA	MIAMI BCH FL 33139
D	LERE, FREDERIC	158 OCEAN DR	MIAMI BEACH FL 33139
SD	RODRIGUEZ, LUIS CARLOS	420 ESPANOLA WAY	MIAMI BEACH FL 33139
D	OLMER, JACQUES	67 E STREET	ONEONTA NY

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHMIDT, PIERRE MARCEL  
420 ESPANOLA WAY  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

900002065779-0  
-01/23/97--01026--011  
\*\*\*\*599-05 \*\*\*\*599-25  
State Zip Code  
FL

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 01.14.97

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:

*[Handwritten Signature]*

PIERRE MARCEL SCHMIDT

01.14.97

305 6725305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E040 (7/96)