

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 JAN -5 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M42130**

1. Corporation Name

**SUBJECT TO CHANGE, INC.**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*RR*



**REINSTATEMENT 2000**

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1986

5. FEI Number

59-2763316

Applied For

Not Applicable

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	4 City / State / Zip
PD	MARCEL, PIERRE MICHAEL	420 ESPANOLA WAY	MIAMI BEACH FL 33139
D	LERE, FREDERIC	158 OCEAN DR	MIAMI BEACH FL 33139
SD	RODRIGUEZ, LUIS CARLOS	420 ESPANOLA WAY	MIAMI BEACH FL 33139
D	OLIVIER, JACQUES	67 E STREET	ONEONTA NY
			400003582444--6 -01/25/01--01143--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERRE, MARCEL  
 420 ESPANOLA WAY  
 MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/31/2000

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* PIERRE MARCEL SCHMIDT

Date

10/31/2000 205 6925305

Daytime Phone #

CR2E040 (8/00)