PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O3 OCT 24 PM 3: 37 SECRETARY OF STATE FALLAHASSEE FLORIDA
DOCUMENT # POODOOOO 532 1. Corporation Name SIVAN OF ICEY WEST, INC.		TALLMA PROCESSION
	A.	REINSTATEMENT 00-03
2. Principal Office Address 534 DVVAL ST	3. Mailing Office Address 3349 Flagler Ave. Suite, Apt. #, etc.	700024092367 10/24/0301060042 **1208.75
Suite, Apt. #, etc. City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida 12/27/99
144 WEST 210 33040 Country SN	hey West, FL Zip Country 33040 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Register	
Name DEBORAH TESHOUVA		
Street Address (P.O. Box Number is Not Acceptable) 3349 FLAGLER DVE		
3949 FCNG CR-12 NVIII		
City 1CEY WEST, FL State Zip Code FL		
8. 1, 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 Dubby Date 10-21-03 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
P Deborah Teshon	•	
VP Bennie Teshouva	3349 Flagler,	Ave. Key West, FL 33040
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.		

Deborah Teshauva Dehorah Teshauva SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12E081 (10/02)

10-Z1-03 305-Z96-8269

Date Daytime Phone #