PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM	
PAP MENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISIO A DIVISIO DI AUG 28 PM 1: 07	
DOCUMENT # POOD DOO GOING ————————————————————————————————————	
2. Principal Office Address 9900 NE /3 AVE Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida	2020
City & State  M) Am   SH   City & State  Country  Zip  Country  Zip  Country  CERTIFICATE OF STATUS DESIRED M \$8.75 Addition	Applied For lot Applicable / lot Fee required late of Status
Name PALD: MHY  Street Addrass (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City MIAM SHARE FL 33/3  8. I, 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  REGISTERED AGENT MUST SIGN	<b>≔</b> 1018
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Street Address of Each Officers and/or Directors  Street Address of Each Officer and/or Director  City / State / Zip	
PRES POUD. MAY 990NE/BAVE MIAMISHORES AL	. 33/38
SI	
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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.  Date Deytime Phone #	

9900 Northeast 13th Avenue, Miami Shores, FL 33138 Ph. (305) 778-0568 - Eve. 757-4083 Fax 759-8188

8-27-2001

FLORIDA DEPTIOF STATE
DIVISION OF CORPORATIONS
SECY OF STATE
THLAHASSEE, FLORIDA 32314

PLEASE REINSTATE OUR CORPORATION FILE
WE DID NOT RECIEVE ANY NOTICE'S TO FILE
WITH YOU ATAMY TIME!
PLEASE ACCEPT MY CHECK FORT IS S. 75
FOR REINSTATEM ENT LOOPY OF CERTIFICATE
OF STATUS!
WE KINDLY ASK THAT YOU DO NO AMEY
WE KINDLY ASK THAT YOU DO NO AMEY
ANY PEWALTIS!
ANY PEWALTIS!
MY WIFE HAS BOTH. CHANCERLA ALZHEIMERS
MY WIFE HAS BOTH. CHANCERLA OUS OMUCH.

P.S. WE JUST CELEBRATED OUR SOTH WEDDINGAUNIVERSARY
8-12-2001

TO GOD BE THE GLORY"