

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 8:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000112883

1. Corporation Name
 EASTERN CAMELEON INC.

Principal Place of Business 10465 NW 7TH AVENUE MIAMI FL 33150	Mailing Address 10465 NW 7TH AVENUE MIAMI FL 33150
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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 12/08/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1060469	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
DB V	ST. LOUIS, GINA M	800 NE 172ND TERRACE	MIAMI FL 33162
P	CARLO BRIZARD	315 NW 108 ter.	Miami FL 33168
T	YVETTE LARACUENTE	10465 NW 7th Ave	Miami FL 33150
			600009091136 11/20/02--01010--019 **608.75
			600009091136 12/03/02--01013--002 **141.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. LOUIS, GINA M 800 NE 172ND TERRACE MIAMI FL 33162	Name <u>Carlo Brizard</u> Street Address (P.O. Box Number is Not Acceptable) <u>315 NW 108 Terr</u> Suite, Apt. #, Etc. City <u>Miami</u> State <u>FL</u> Zip Code <u>33168</u>
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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. or 617.0505, F.S.

Signature of Registered Agent Carlo Brizard **SIGNATURE REQUIRED** Date 11-15-02
 REGISTERED AGENT MUST SIGN

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: Yvette Laracuenta **SIGNATURE REQUIRED** Date 11/15/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)