

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



02082

FILED

02 NOV 25 AM 9:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000016632**

1. Corporation Name

MYRIAM DE VICO, INC.

Principal Place of Business

10275 COLLINS AVENUE
 SUITE 1102
 BAL HARBOUR FL 33154

Mailing Address

10275 COLLINS AVENUE
 SUITE 1102
 BAL HARBOUR FL 33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



900009198469
 11/25/02--01028--006 **150.00

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/13/2001

5. FEI Number

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
D	DE VICO, MYRIAM	10275 COLLINS AVE, STE 1102	BALHARBOUR FL 33154

8. Name and Address of Current Registered Agent

DE VICO, MYRIAM
 10275 COLLINS AVENUE
 SUITE 1102
 BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~
 REGISTERED AGENT MUST SIGN

Date

10/30/02

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 REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02

CR2E040 (8/02)

DEPARTEMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

RYRIAM DE VICO INC
10275 COLLINS AVE
SUITE 1102
BAL HARBOUR FL 33154

DEAR SIR

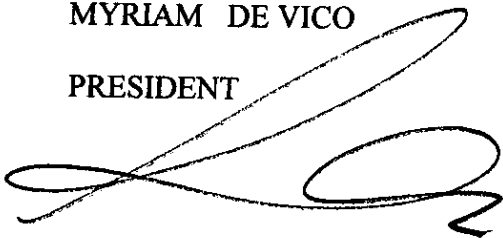
PLEASE WAIVE THE RESTATEMENT FEE, AS THE CORPORATION NEVER
RECEIVE THE UNIFORM BUSINESS REPORT NOTICES .

PLEASE FIND INCLOSED A CHEKE OF \$ 150 FOR THE REPORT WITHOUT
PENALTY.

THANK YOU

MYRIAM DE VICO

PRESIDENT

A handwritten signature in black ink, appearing to read 'Myriam De Vico', written over the typed name and title.