PLEASE F	READ ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
FOR		DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		1	agelof 2	
REINSTATEMENT		DIVISION OF CORPO			FILED	
DOCUMENT # \$\psi 9 2 00000 4122				97 APR 23 PM 4: 22		
GLOBE IMPORTS M 7880 W 20th. Av Hialeah, FL 330	enue, Suit 16	e 26	ATION		SECRETARY OF STALLAHASSEE, FLO	ATE RIDA
Principal Place of Business 7880 W. 20th. A Hialeah, FL 330				fil	Das A/R 1996 +199	97
If above addresses are incorrect in any w			4 Date Incom	porated or Qualified	nWB	
		pt. #, etc.		To Do Business in Florida 11/13/92		
City & State	City & Sta	City & State		5. FEI Number Applied For Not Applied For Not Applied For		
Z _i p Country	Zip	Count	ry	6. CERTIFICAT	TE OF STATUS DESIRED S8.7	75 Additional Fee require or a Certificate of Status
7. Names and Street Addresses of Each C	Hicers	St	reet Address of Each	<u> </u>	Cit. (Ct.	nto ('Bir-
Title(s) and/or Directors		3 (Do NOT L	Officer and/or Director (Do NOT Use Post Office Box Numbers) 10455 SW 52nd.Street		City / State / Zip	
esident DORIS ABRAMOVICI easurer PAUL ABRAMOVICI ector DAVID ABRAMOVICI		10455 SI	10455 SW 52nd.Street 10455 SW 52nd.Street 10455 SW 52nd.Street		Cooper City, Cooper City, Cooper City,	FL 33328
		10433 3.			00002155 -04/25/97-	50886
Name and Address of Current Registered Agent Name				Name and Address of New Registered Agent		
Armando Abramovici			Armando Abramovici Street Address (P.O. Box Number is Not Acceptable) 10455 SW 52nd . Street Suite, Apt. #, Etc.			
	/		City Coope	r City		Zip Code 33328
10. I, being appointed the registered a con-	I the above named co	rporation, am familiar v	vith and accept the o	bligations of Sec		
Signature of Registered Agent		AGENT MUST SIGN	7	and designation of the state of the	Date 04-21-9 7	
11/ Does this corporation Dept. of Revenue un	n pay any intar der S. 199.032	ngible tax to th 2, Florida Stat	ne lutes. Yes	No[e for information gible tax.)
I certify that I am an officer or director of this reinstatement application, the reasonwed by the corporation have been paid on this application is true and accurate,	on for dissolution has be	en eliminated, the corp	orate name satisfies	the requirements	s of section 607.0401 or 617.04	01, F.S., that all fees
SIGNATURE: ARMANDO	ABRAMOVII	E SIGNING OFFICED OR	DIRECTOR	7 04		558-9457



GLOBE IMPORT MANUFACTURING CORP.

04-21-97

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Attn.Ms, Marie W. Bartlett.

Dear Sirs:

Please find herwith enclosed our check for the amount of \$ 373.75 in payment for our reinstatement of years 96/97 including also payment for a certificate of status, which we will appreciate very much to receive it as soon as possible.

Furthermore, please take note that we did not file and paid for 1996, due to illness for many months during that year and we appreciate and thank you very much for your understanding and consideration of our reinstatement application.

Very Truly Yours

p.61ohe Imports Mfg. Corp.

Armando Abramovici president

encl.