

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 FOR
 FILING

99 SEP 16 PM 2:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012570 NY-1117**

1. Corporation Name
TRY MY CORP.
2003 HARRISON ST. HOLLYWOOD, FL 33020

2. Principal Office Address, If Applicable
**2003 Harrison Street
 Hollywood, Florida 33020**

REINSTATEMENT 97-99

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

2. Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12-14-92
5. FEI Number 65-0385248	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

1. Name	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PS	Chang Ka chitch, Phone thip	2003 Harrison St. Hollywood	Hollywood, Florida 33020
VT	VAZ, Andrew	2003 Harrison St.	Hollywood, Florida 33020

8. Name and Address of Current Registered Agent Romanik, David S 1901 Harrison Street Hollywood, Florida 33020	9. Name and Address of New Registered Agent Name VAZ, Andrew Street Address (P.O. Box Number is Not Acceptable) 2003 Harrison Street Suite, Apt. #, Etc. City Hollywood, State FL Zip Code 33020
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10. I hereby appoint the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent:
 REGISTERED AGENT MUST SIGN Date **09-12-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)

12. 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 application and application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0411, F.S. that all fees and taxes 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 **8/24/99 (99)** 926-5585
 Daytime Phone #

CR2E081-12-98