

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE <div style="font-size: 2em; font-weight: bold;">FILED</div> 98 DEC 10 PM 4:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State		
1. Name and Mailing Address of Corporation: DOCUMENT # P93000005969 <div style="font-size: 1.5em; font-family: cursive;">PAPAY INC.</div>		2. If Address in Block 1 is incorrect, enter the correct address below: Address: <div style="font-size: 1.2em;">819 5th ST</div> City and State: <div style="font-size: 1.2em;">Miami Beach, FL</div> Zip Code: <div style="font-size: 1.2em;">33139</div> 3. If Principle Office Address is different from mailing address, enter address below: Address: <div style="font-size: 1.5em;">NA</div> City and State: _____ Zip Code: _____

4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.2em;">1993</div>	5. FEI Number <div style="font-size: 1.2em;">65 038 42 82</div>	FEI Number Applied For	\$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		FEI Number Not Applicable	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
pres	Katharine Kean	819 5th ST Miami Beach, FL 33139	
V.P	Peter Eves	819 5th ST Miami Beach, FL 33139	
treas	Gina Cunningham	819 5th ST Miami Beach, FL 33139	
			300002711843-15 -12/14/98--01106--019 ***1058.75 ***1058.75
REINSTATEMENT 96-98			

8. Name and Address of Current Registered Agent			9. If changed, new registered agent / office		
GINA CUNNINGHAM 819 5th ST Miami Beach, FL 33139			Name		
			Street Address (Do NOT Use P.O. Box Number)		
			Street Address (Do NOT Use P.O. Box Number)		
			City	State	Zip
			FL.		

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.	
Signature of Registered Agent <div style="font-family: cursive; font-size: 1.2em;">Gina Cunningham</div> REGISTERED AGENT MUST SIGN	Date <div style="font-size: 1.2em;">11/21/98</div>

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)	
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)	

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director <div style="font-family: cursive; font-size: 1.2em;">Gina Cunningham</div> Typed or printed name of signing officer or director <div style="font-size: 1.2em;">GINA CUNNINGHAM</div>	Date <div style="font-size: 1.2em;">11/21/98</div>	Daytime Phone # _____

CR2E040 (8/92)