

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -8 AM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005969**

1. Corporation Name

PAPAY, INC.

Principal Place of Business

819 5TH STREET
 MIAMI BEACH FL 33139

Mailing Address

819 5TH STREET
 MIAMI BEACH FL 33139



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/20/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0384282

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
P	KEAN, KATHARINE	819 5TH STREET	MIAMI BEACH FL 33139
VP	BELLE, DAVID	819 5TH STREET	MIAMI BEACH FL 33139
T	IVES, KIM	819 5TH STREET	MIAMI BEACH FL 33139
			800004703558--1 12/04/01 01025 014 ***1500.00 ***750.00

8. Name and Address of Current Registered Agent

SANON-JULIT, GARY
 819 5TH STREET
 MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name ~~STG~~ Emmanuel Mellien
 Street Address (P.O. Box Number is Not Acceptable) 819 5th Street
 Suite, Apt. #, Etc.
 City Miami Beach, State FL Zip Code 33139

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

[Signature]
 SIGNATURE REQUIRED

Date 10/12/01

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:

[Signature] SIGNATURE REQUIRED 23 October 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)