PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mori Secretary of S DIVISION OF CORPOR	tham State RATIONS	
DOCUMENT # PA300007980		97 APR 16 AM 7: 53	
1. Corporation Name		SECRETARY OF STATE TALL AHASSEE FLORIDA	
Malving Godoy, P.A.			
1420 BRYCE BAY.	1D		
Miami, Fl. 33/31		REINSTATEMENT 98-97	
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	New Mailing Address, If Applications		
Suile, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For Not Applied For Not Applied For	
City & State Zip Country	City & State Zip Country	6. SR 75. Addulgood Engraquited	
7 Names and Street Addresses of Each Officer and/o		for a Certificate of Status	
Title(s) Name of Officers Street Address of Each Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4			
1420 Brickell Ban Dr. 4201			
That I E Project minmi to 33131			
		3000021481038 -04/18/9701099009 ****915.00 *****915.00	
8. Name and Address of Current R		9. Name and Address of New Registered Agent Name	
1420 BRICKELL BAY DROPL.		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City State Zip Code	
10. I, being appointed the registered agent of the above puried corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date Decision 49797			
11. Does this corporation pay any intengible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)			
12 I do hareby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trusted 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 then 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: SIGNATURE: Dayling Phone #			