PLEASE READ	ALL INSTRUCTION	S BEFORE (COMPLETING THIS FORM.
APPLICATION FOR FUNSTATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State Division of corporations		7
DOCUMENT # P93000039667			
1. Corporation Name BIRMIN IS HAM, CORP.			99 SEP -2 AM IO: 12
Principal Place of Business Malling Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA
SYLI Blue Lagoon DR. Penthouse	? STOP BLUE LAGOON PR PENTHOUSE MIAMI, FL 33176		
Penthouse' Hinni, FL 33116	nthouse' feathouse		·
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida 6/0 4/93
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For
City & State	City & State		65-04/8644 Not Applicable
Zip Country	Zip Cour	ntry	CERTIFICATE OF STATUS DESIRED S8 75 And to and for require for a Certificatio of Status
7. Names and Street Addresses of Each Officer and			
Name of Officers Str.		Street Address of Each Officer and/or Director Use Post Office Box f	Vumbers) 4 City / State / Zip
P MARCO A. Buardia 14550 SW 73Rd. Street MIAMI FL 33183			
6000029829763 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003 -09/09/99-01081-003			
			A Name of Address of Name Parkets of Association
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
FIARCO A. Buardia Street Address (P.O. Box Number			O.O. Box Number is Not Acceptable)
14550 SW 79Ad START MIAMI, FL 33183	•	Suite, Apt. #, Etc	
71111117 76 33703		City	State Zip Code
10. I, being appointed the registered epent of the above nemed proporation, are familiar with and accept the obligations of Section 607.0508, F.S. Signature of Registered Agent Date Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on infangible 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 filling 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 regal effect as if made under oath. SIGNATURE: SIGNATURE: Determine Process Determi			
SIGNATURE: SHEMATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 8			