		DI EASE REAI	TALLING"	TRUCTIONS	REFORE (OMDI ET	ING TḤI <u>S FO</u> Ŗ		 1
APPLICATION FOR REINSTATEMENT			FLORIC	DA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	I ADDDOVED (
DOCUMENT # P93000052571 1. Corporation Name EMANON DIE & STAMPING, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
				ress . Hiatus Rd e, F1. 3335					
If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New M. Suite, Apt. #, etc. Suite, Apt. City & State City & State				illing Office Address, If Applicable		5. FEI Numbe 65–04	4. Date Incorporated or Qualified To Do Business in Florida 7/28/93 5. FEI Number Applied For Not Applicable		
Zip	and Street Add	Country	Zip			l	E OF STATUS DESIRED	\$8.75 Additional Fed for a Certificate of	
Title(s)	ames and Street Addresses of Each Officer and/or Director. (Fix Name of Officers and/or Directors.)			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No		City / State / Zip			
P/D	NEIL REICHHART			10008 NW 46th St.		-Sunrise, F1. 33351.			
				11964	NWANd		Cokal Sp 1000231 10/10/97 ****173.		5 16
8. Name and Address of Current Registered Agent Name						9. Name and A	Address of New Registere	d Agent	
DAVID R. FARBSTEIN, ESQ. 2765 W. Cypress Creek Rd. Ft. Lauderdale, Fl. 33309 I, being appointed the registered agent of the above named corporation, am familiar					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code FL				CB26060 (12)
ignature of legistered	f			ENT MUST SIGN			Date		
1. Do De	es this cept. of Re	orporation pay venue under S	any intang . 199.032,	jible tax to th Florida Statu	e utes. Yes	x No □	(See other on int	side for information tangible tax.)	

12. Learlify that Lam 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 samplegal effect as if made under oath. GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NETL REICHHART SIGNATURE:

954-742-2219

David R. Farbstein
Attorney at LAW

2765 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FLORIDA 33309

TELEPHONE (954) 977-7801 FAX (954) 977-9761

October 7, 1997

Division of Corporations Attn: Stacy - Reinstatements PO Box 6327 Tallahassee, Florida 32314

RE: Emanon Die & Stamping, Inc.

Dear Stacy:

Enclosed please find the following documentation regarding the above-mentioned matter, to-wit:

ORIGINAL Application for Reinstatement

To refresh your memory we spoke on Sept. 30th and you advised me to write you informing you that the Dept. of State failed to update the mailing address of this corporation as provided by the corporation. Therefore, you advised me that the corporation would be reinstated without penalty. I have instructed my client to enclose a check for \$165.00 for the Annual Report fee and \$8.75 for a Certificate of Status for a total of \$173.75.

Should you need, please feel free to contact me on this matter. It is imperative that my client reinstate this corporation and show proof that the corporation is in existence on a pending business transaction.

DAVID R. FARBSTEIN, ESO.

Very truly your

DRF/me