PLEASE READ A	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	Secretary ta	
DOCUMENT # P9300005919Ce. 1. Corporation Name		98 MAY 13 PM 3: 15
·		SECRETARY OF STATE -TALLAHASSEE, FLORIDA
Principal Place of Business 9245 SW 158 Leng	Mailing Address PO Box 570770	
3rd Floor Than, FL 38157 If above addresses are incorrect in any way, line tho	Miami, PL 33257	
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 8/93
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporations must list at	
Title(s) Name of Officers and/or Directors	Street Address of E Officer and/or Direc 3 (Do NOT Use Post Office Bo	otor City / State / Zip
Vent T , M		lance
Perial Jacqueline In	Tsumo 9 giudni, FL	33157 (Liemi, FL 33157)
		-05/15/980111006
		******8.75 ******8.75
		8000025261688 -05/15/9801111007
		*****315.00 *****315.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name and Address of New Registered Agent		
Street Address (P.O. By North Acceptable)		
Coral Gables, FL	33134 City	State Zip Code
10. I, being appointed the registered agent of the abov	e named corporation, am familiar with and accept the	e obligations of Section 607.0505, F.S.
Signature of Registered Agent . REX	SISTERED AGENT MUST SIGN	Date
11. This corporation owes or ha Intangible Personal Property	s paid the current year v tax due June 30. Yes	No No (See other side for information on intangible tax.)
this reinstatement application, the reason for dissolution owed by the corporation have been paid and the na	ition has been eliminated, the corporate name satisfi	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR DIRECTOR	oto, President 5/4/98 305-253-004 305-253-0045

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Strategic Planning Associates, Inc. Investment & Insurance Services

May 11, 1998

FLORIDA DEPARTMENT OF STATE Division Of Corporations PO Box 6327 Tallahassee, FL 32314

Attn.: Stacey Prather

Document Specialist

Ref: 598A00024882

Dear Ms. Prather:

Thank you for your letter date May 6, 1998. As I had explained to Ms. Spather from the "Florida Department of State" who sent me the reinstatement documents, I never received the 1997 or 1998 Annual Report forms. Back in 1997 I had not even realized it was missing but I did in 1998. As a matter of fact I even called the State to request a blank form (which was sent to me).

To my surprise my bank called me a few days ago to inform me that my company was inactive. It was not until that moment that I knew that my company was not active.

During my conversation with Ms. Spather, who sent me the reinstatement forms, she realized that the **DIVISION OF CORPORATION's** had **Strategic Planning Associate's** address incorrect in the system. Our PO Box is 570770 and it was 970770 in your system, that is the reason why we never received the original or late notices. Ms. Spather was the one who gave me the amount of \$315, which I FedEx'd to you the same day.

Awaiting your soonest advise.

Very/truly yours

Jacqueline Matsumoto

Senior Associate