PLEASE READ ALL INSTRUCTION	S BEFORE COMPLETING THIS FORM.
APPLICATION FOR FOR REINSTATEMENT FLORIDA DEPARTM Sandra B. M Secretary o	ortham f State
DOCUMENT # P9400007458	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	MELANASSEE, FLURIDA
Frincipal Place of Business Mailing Address	
700 N.E. 26th Terrace 700 N.E. 26th Suite 906	
Miami, Fl. 33137 Miami, Fl. If above addresses are incorrect in any way, line through incorrect information and en	33137 ter correction below. DO NOT WRITE IN THIS SPACE
2. New Principal Office Address, If Applicable 20726 NE. 16 th Avenue 3. New Mailing Address, If Applicable 20725 NE. 16 th Sulte, Apt. #, etc. Onit A 17 Civil State Civil State	
North Miami Beach, Fl. North Miami Be 33179 USA 33179	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 corp	
Title(s) and/or Directors 3 (Do NO*	Officer and/or Director City / State / Zip Use Post Office Box Numbers) 4
	N.E. 26th Avenue #83 N. Miami Beach, Fl. 33180
•	7000021554178
	-04/25/9701079016 ***1088.75 ***1088.75
·	95991197
	REINSTATEMENT
8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent Name
tholi, Valeria M.	Street Address (P.O. Box Number is Not Acceptable)
19436 N.E. 26th Ave. #83	Suite, Apt. #, Etc.
N. Miami Beach, Fl. 33180	City State Zip Code FL State Zip Code
10. I, being appointed the registered agent of the above named corporation—an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No On intangible tax.)	
12. I do hereby 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 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., 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.	

4/9/92