PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM								
APPLIC FO REINSTA	IR 95 9		A DEPARTMEN		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPROVED AND FILED		
DOCUMENT # P740000 0 80 88					96 DEC 31 AM 9: 18 SECRETARY OF STATE			
MIAMI MAT MAKERS, INC.					TALLAHASSEE, FLORIDA			
Mailing Address Principal Place of Business Clowiener Frankrick 12441 Sw 130745							i de	
500 FIFTH AVE # 2610 MIAMI, FL 33186								
アミショイット アンコー 10110 If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DO NOT WRITE IN THE COA	Ì	
			ripal Office Address, If Applicable		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida			
Surte, Apt. #, etc. Suite, A			etc.		2-1-94			
City & State		City & State			5. FEI Number Applied For		 	
Zip	Country	Zip Zip	Country	,	6.	16 4303	Not Applicable	
					CERTIFICATE	OF STATUS DESIRED []	Additional-Fee Jequired a Certificate of Status	
7 Names and Stre	eet Addresses of Each Officer and/	or Director (Flori				1		
Title(s)			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State	e / Zip	
PRES, E	ELLIOT GOL	45 FRA	NKLIN	Ro.	SCARSDALE	, MY 10283		
					3000020490832 -01/07/9701144003 *****575.00 *****\$75.00			
						***************************************	**************************************	
•	· B				INSTA	TENENT/	96	
							Al	
8. Name and Address of Current Registered Agent The Previole How (See Agent Name					9. Name and Address of New Registered Agent			
1112 (22) (12)					(P.O. Box Number is Not Acceptable)			
1201 HOYE CONCER CHICE 105								
)					pt. #, Etc.			
TALLAHASSEE FL 32301 C				City State Zip Code				
to. I, being appoin	ited the registered agent of the abo	ve named corpo	ration, am familiar wi	th and accept the o	bligations of Sect			
Signature of Registered Agent	x Vidu Sil	ALLIAN GISTERED AGI	ASST ENT MUST SIGN	Vice Pre	si dent	Date 12-03	-96	
\{	orporation is a non-p				npt status,	check this box	(See other side for additional information.)	
12. Poes ti Dept. c	his corporation pay a of Revenue under S.	any intang 199.032,	ible tax to th Florida Stat	ie utes. Yes	☐ No.	(See other side on intang	for information ible tax.)	
certify that I are this reinstatorn	rity that the information supplied vision of Corporations from any liabilism an officer or director or the receivent application the reason for distinct or post.	ver or trustee en colution has beer	npowered to execute n eliminated, the con) this application as porate name satisfi	i provided for in c es the requireme	hapter 607 or 617, F.S. I further nts of section 607,0401 or 617.	r certify that when filing 0401, F.S., and that all	
SIGNATURE	: CONTROL SIGNATURE AND TYPED OR PRI	NTED NAME OF S	IGNING OFFICER OR I	ELL'OT DIRECTOR	Galor	Bryc 21271 Date Day	19 19 7 8 time Phone #	