	L INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED FILLED
DOCUMENT # DOLL (1000) 11000		98 JUL 14 AM 9: 38
11001	sis, Ine.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
3801 S. Decan Drive Apt. 4W Hollywood, FL 33019	g Jame	
3801 S. What Drue	h incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable  JO ME  Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida (0 117 194)  5. FEI Number Applied For
	Dity & State	69-049988 Not Applicable
	ip Country	CERTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or D  Name of Officers and/or Directors	Director (Florida nonprofit corporations must list at lease Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
P. VP. bloria alua		Drive Hollywood, FL 33019
		2000025930828- -07/21/9801044011 *****315.00 ****315.00
8. Name and Address of Current Regi	Name .	9. Name and Address of New Registered Agent  Compose Number is Not Acceptable).
Horia alwases  401-69th Street, PH-J  Hiami blach, FL 33141  Street Address (P. Organ Winder is Not Acceptable).  3801 S. Olaan Drive  State   Zip Gode   FL 33019		
Signature of Registered Agent Page Properties Agent MUST SIGN		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No W (See other side for information on intangible 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 filing 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 legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  G54) 455-3714  Date  Da		

HOUSE OF ISIS, INC. 3801 S. Ocean Drive Apt. 4W Hollywood, Florida 33019 (954) 455-3714

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: HOUSE OF ISIS, INC. ID NO. 65-0499888

## Dear Sir or Madam:

I am hereby requesting the reinstatement of the referenced corporate entity as we never received the annual report for 1997 and, therefore, were unable to file same with the Division of Corporations.

Enclosed please find a completed *Application for Reinstatement* together with this corporation's check in the amount of \$315.00 representing the reinstatement fee applicable thereof.

Thank you in advance for your assistance in this matter. Please contact me should you require anything further.

Very truly yours,

GLORIA ALVĂREZ

President

GA/so Enclosures