PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. JRIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN -2 AM 8: 44 DOCUMENT # 194000055315 SECRETARY OF STATE TALL AHASSEE FLORIDA MIKO/CARTER INC. Principal Place of Business Mailing Address REINSTATEMENT CO 22547 LANYARD ST. 20423 STATE RA. 7 SUITE 6104 BOCA RATON, FL 33428 BOCA RATON, FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						i	DO NOT WRITE IN THIS SPACE	17	
				ling Address, If Applicable		4. Date Incom	Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. *, etc. Suite, Apt.				# etc		7/25/44			
Suite, Apr.				r, etc.		5. FEI Number Applied For		Applied For	
City & State City & State						65-050 5218 Not Applicable			
Zip Country Zip			Zip	Country		6. CERTIFICATE OF STATUS DESIRED STATE Additional Federativity			
						CEMINICAL	E OF STATUS DESIRED A	Ulichic of Siapus	
7. Names	and Street Ad		nd/or Director (F	lorida nonpro	ofit corporations must list at le				
Title(s)	(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		r	City / State / Zip		
P, T, O				225	-47 LANYARD 57	7	BOCA RATON, FL 3	3428	
	MARTIN B. CARTER				BOCA RATEGY- FL 3342 8		'		
									
VP SD	CHRI	STINA M.	CARTER	122.	547 LANYARD	57,	BOXA RATON FL :	33428	
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						ź	000020477 -01/07/97010	063019 063019	
B. Name and Address of Current Registered Agent						9. Name and Address of New Height Feed Agent			
MARTIN B. CARTER					Name				
					MARTIN B. CARTER Street Address (P.O. Box Number is Noi Acceptable)				
22547 LANYARD ST.					22547 LANYARD ST. Suite, Apt. #. Elc.				
BOCA RATON, FL 33428					Suite, Apt. #, Et	Suite, Apt. *, Etc.			
					City		State Zip	Code	
					BOCA R	ATON F	FL 3	3428	
10 1, bein	g appointed th	e registered agent of the	above named cor	poration, am	familiar with and accept the	obligations of Sec	tion 607 0505, F.S.		
Signature of Registered		97 July B.	Cill				Date 12/30/96		
negiatereu	Jeni	., ., ., ., ., ., ., ., ., ., ., ., ., .	REGISTERED A	GENT MUS	T SIGN		Date		
11. Do	oes this ept. of R	corporation pa evenue under	y any intar S. 199.032	ngible ta 2, Florid	ax to the la Statutes. Yes	∏ No	(See other side for in on intangible to		
									
12. I do hi lease	ereby certily the Division of	hat the information suppli Corporations from any li	ed with this filing ability of non-com	is voluntarily pliance with	furnished and does not qual Section 119.07(3)(k) in the e	lly for the exempt yent that the infor	ilon stated in Section 119.07(3)(k). Fix mation supplied is deemed exempt from	inda Statutes, I re-	
igas (that I am an anstatement a wed by the coath	officer or director or the ripplication the reason for opporation have been particularly the control of the con	ecerver or trustee dissolution has b d. The information	empowered een eliminat n indicated o	to execute this application a ed, the corporate name satis on this application is true and	is provided for in illes the requirem I accurate, and m	mation supplied is deemed exempt in chapter 607 or 617, F.S. I further cer ents of section 607 0401 or 617.0401 by signature shall have the same legs	ify that when filing . F.S., and that all d effect as if made	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12/30/96 (561)488-1774