	DIEVO	E DEAD A	II INICTI	RHOTIONE	BEBUD	iE CC	MPI ETI	NG TH	IS FOR		
APPLIC FC REINSTA	CATION OR	LICADA	FLORIDA	DEPARTMEN Sandra B. Mort Secretary of St	IT OF STA Tham tate			DO NOT WRITE IN THIS SPACE Jate Incorporated or Qualified to Do Business is Frontial O 9 29 1994 FEI Number Applied For STATUS DESIRED APPLICATE OF STATUS DESIRED APPL			
DOCUME 1. Corporation Na		940000	71321	§		14.42	Angli Mariah		W 22		
`		stienal.	TRAdin	g, INC.				(ALLAH	ASSEE, F	STATE	
Principal Place of I											
			undo ferene	larmating and account	ygggadian bul		mus	g L			32
If above addresses are incorrect in any way, line through incorrect info 2. New Principal Office Address, If Applicable 15515				ng Address, if Applicable N.W. 83 ^{RI} AVE.			4. Date Incom To Do Busi	ness in Florid	alified	4	Applied For
City & State City & State MIAM							65-6	2521	<u> 427</u>		
33016	Country	S.A.	3301	Country	1. S. A		CERTIFICAT	E OF STATUS	DESIRED 🄀	See Sinda store	n deliga desclato política estrució
7. Names and Str	Name	ach Officer and/or e of Officers or Directors	r Director (Flor	Offi	itions must lis eet Address of ficer and/or D se Post Office	of Each . Director		4	City	و د مرد	NO PARTY OF THE PA
D/P John P. Mccall				3 (Do NOT Us			4.44	^	<u>liami</u>	F	33016
D/V C	hristophe	r K. M	call	15515				M	lami	FI	数の数字の記
D/s S	hèila A	. Meci	+11.	7105 M		3		M	l'am i	FI	33014
						"		2.1	No.	学家	
							5	000	D20 1/26/9	60110	4031
				·			A Secretary		***583	75.6	** 583.75
	8. Name and Addr	ess of Current R	egistered Age	nt	Name		9. Name and	Address of	New Registr	wed Agent	
					1551	15	O. Box Numbe	I is Not Acce	plable)		
					Suite, Apt	t. #, Etc.	AND CARREST		AUGUS	State Zip C	DOG
10, 1 being appe	inted the Anistarod	appent of the above	/e named com	oration, am familiar w	MI	AM I	ligations of Sec	tion 607.050	4.56%	FL S	3016
Signature of Registered Agent	(1.0	_ PA	1 Cu	LENT MUST SIGN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Date	11/09	196	
11. Does Dept.	this corpore of Revenue	ation pay a under S.	ny intang 199.032,	gible tax to the Florida Stat	ne utes.	Yes [X No		(See oth	ner side for info n intangible ta	ormation x.)
				<u> </u>	250	1 %	<u>新</u> 為3	118 18 18 E	ere and the	37日学校联系	CHARLES CHARLES

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 110.07(3)(i). Floride Statutes, i release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(i) 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 filing this reinstaltement 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 even by the corporation have been paid. The information indicated on his application is true and accurate, and my signature shall have the same legal effect as if made under eath.

SIGNATURE:

STALL SIN WALL JOHN F.

A NEGLET

JOHN P. Me CALL 1/19/90 558-79

Date Seyline Phone 9