PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Mon Secretary of S DIVISION OF CORPORATION	tham State	FILED			
DOCUMENT # P94000077847			97 SEP 10 PM 1: 20			
PLANTATION IMPOINE, INC W97-20269			SECRETARY OF STATE TAULAHASSEE, FLORIDA			
Principal Place of Business Mailing Address			'			
7500 N.W. 5 TH ST. SUETE 112 SAME						
PLANTATION, FL. 33317						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			4. Date Incorpo	rated or Qualified	<del></del> _	
7500 N. W. 5 <sup>74</sup> ST. Sulte, Apt. W, etc.	Suite, Apt. #, etc.		To Do Business in Florida 10 11/94			
SUSFF // 2 City & State	City & State		5. FEI Number	528253	Applied For Not Applicable	
ZIP 202 Country	Zip Country		6. S8.75 Additional Leg require for a Certificate of Status			
333/7 // SA 7. Names and Street Addresses of Each Officer and/o	Pirector (Florida popurofit comora	tions must list at lea		OI OINTOODEOMED []	Certificate of Status	
Title(s) 1 Name of Officers and/or Directors 1 Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4					Zip	
Pres JAKE BERG 850 THERD AVE.				NEW YORK N	V	
V.P. STANLEY SPIECEL 850 THIRD AVE N.Y., N.Y 10022						
DEINSTATEMENT 46-97						
REINSTA			HEME	NI —		
90002290810397						
				-09/11/97-101102001 ****915.00 ****915.00		
			9. Name and Address of New Registered Agent			
COMPONE SONTE SONTE SONTE SONTE			Bran Brent A. Peterson			
, 8017 STREET 7500			O. Box Number is Hoi Acceptable)  N. W. 5 24 ST.			
Suite 300			re 112			
NOATH MEANS SEACH, FL. 33162 CHY PLANTATED				FL .	33317	
10. I, being appointed the registered each of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of 9/9/97						
Registered Agent Date Date Date						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12. I certify that I am an officer or director or the receiver or thustee 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., 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 OF DIRECTOR Date Date Daylime Phone #						