LLASE READ A	الله المالك ALL INSTRUCT	_turb	е, И чи <b>нт</b> , «З <sup>а</sup> тНю» се , И. <sup>™</sup> № <sup>до дентова</sup>	
APPLICATION FOR	FLORIDA DEPARTMENT Katherine Ha	IT OF STATE		•
REINSTATEMENT	Secretary of S  DIVISION OF CORPOR	1	SECRETARY OF STATE BIVISION OF CORPORATION	IS
DOCUMENT III			DIVISION OF CURPORTING	
1. Corporation Name			99 NOV 22 PM 3: 29	
TAK. TO TA CORPO	NOTION			
Principal Place of Business Mailing Address				• •
2000 W. FINGTER ST.	F AlHAMBRA CO	12016	CO.	99
Mi Bui - Fl 33/35	# 305 CORM 6 MB/25-7	7 33134	PINOTATERIENT	,
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter	A P	EINS I A I EIVIEIVI	
Suite. Apt. #, etc.	Suite, Apt. #, etc.		Date incorporated or Qualified     To Do Business in Florida	
City & State	City & State		5. FEI Number Applied Fo	i
Zip Country	Zip Country		6. S-05 13 7-28 Not Applic	
			CERTIFICATE OF STATUS DESIRED	lue.
7. Names and Street Addresses of Each Officer and/o Name of Officers	Stre	et Address of Each		-
Title(s) and/or Directors	3 (Do NOT Us	icer and/or Director e Post Office Box Nur		
Pres. DETNOTO L	UBE T AIBBU	• •	clé CORAL GARLES, 79/ 305 33134	
1 2 16		IBRA CIZ.		
NG-MS. YVETTE	FON		33/34	
DECOMON Solowon Ku	BE I AlHAMA	Per ci2. F	4305 CONOL SMOES, 771 3813U	.
	*		1000030630114	
		<del></del>	*****900.00 ****900.00	
B. Name and Address of Green I.		ı <del></del>	A Name and Maddings of Name Parkets and Associated	_
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent Name		
Elizabeth Marillo		Street Address (P.O. Box Number is Not Acceptable)		
I AlHAMBRA CIRCLE #305		Suite, Apt. #, Etc.		§
Conal Goods - # 33134		City	State   Zip Code   FL	
10. I. being appointed the registered agent of the above Signature of	re named corporation, am familiar wi	th and accept the obliq	igations of Section 807.0505, F.S.	
Registered Agent	GISTERED AGENT MUST SIGN		Date 2/3/99	,
11. This corporation owes the Intangible Personal Proper		Yes	No C (See other side for information on intangible tax.)	
this reinstatement application, the reason for dissol	ution has been eliminated, the corpo ames of individuals listed on this for	rate name satisfies the n do not qualify for an	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees nexemption under section 119.07(3)(i), F.S. The information indicates.	
1.1			AD	
SIGNATURE: SIGNATURE SIGNATURE TYPEDOR PRI	DEO NAME OF SIGNING OFFICER OR D	MRECTOR	2/2/99 (3.05) 56.71.949	