


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PA9C102

<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b>		P95000005920			
<b>1. Corporation Name</b>  STUNI CORP.					
<b>2. Principal Office Address</b> 4151 SW 131st AVE Suite, Apt. #, etc. City & State DAVIE, FL 33330 Zip 33330 Country USA			<b>3. Mailing Office Address</b> 4151 SW 131st AVE Suite, Apt. #, etc. City & State DAVIE, FL 33330 Zip 33330 Country USA		

FILED  
01 APR 30 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		1/19/95	
<b>5. FEI Number</b>		Applied For Not Applicable	
65-0563471			
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name REUBEN M. SCHNEIDER	
Street Address (P.O. Box Number is Not Acceptable) 2021 Tyler St.	
Suite, Apt. #, Etc.	
City Hollywood,	State FL
	Zip Code 33020

000004334310-2  
-05/30/01--01052--017  
\*\*\*\*300.00 \*\*\*\*300.00

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>	
Signature of Registered Agent <i>Reuben Schneider</i>	Date 4/27/01
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THEODORE KARACHALIAS	4151 SW 131st Ave.	Davie, FL 33330

05-014BR 79

<b>10. 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.</b>	
SIGNATURE: <i>Reuben Schneider</i>	4-20-01 954-370-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E081 (9/99)

APRIL 19, 2001

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: **STUNI CORP.**  
**REQUEST FOR REINSTATEMENT &**  
**ABATEMENT OF PENALTIES**  
**P95000005920**

DEAR SIR:

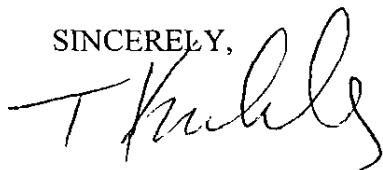
AS DIRECTED BY YOUR DEPARTMENT, I AM ENCLOSING \$300.00  
FILING FEES FOR THE YEARS 2000 AND 2001.

I HAD MOVED DURING 1999. AT THE BEGINNING OF THE YEAR 2000,  
WHEN THE ANNUAL REPORTS WERE MAILED OUT, I WAS AT MY NEW  
ADDRESS AND THEREFORE DID NOT RECEIVE THE RENEWAL FORM. I  
HAVE ENCLOSED MY UTILITY BILLS TO VERIFY THAT I WAS AT THIS NEW  
ADDRESS BY THE END OF 1999.

I HAVE ALWAYS FILED THE ANNUAL REPORT TIMELY, AND WILL  
CONTINUE TO DO SO IN THE FUTURE. DUE TO THE CIRCUMSTANCES,  
PLEASE WAIVE THE PENALTIES & LATE FEES INVOLVED.

THANK YOU IN ADVANCE FOR YOUR HELP WITH THIS MATTER.

SINCERELY,



THEODORE KARACHALIAS  
PRESIDENT