PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. $M_1.104~2$ FLORIDA DEPARTMENT OF STATE ARPLICATION FOR 410 97 FEB 20 PM 2:31 DOCUMENT # 1. Corporation Name Mailing Address Principal Place of Business 1535 Miller Rd. Coral Gables, FL. 33146 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 Date Incorporated or Qualified
To Do Business in Florida Suite, Apl. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0575997 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificale of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) 1535 Miller Road Coral Gables ISRAEL PEREZ- SIAM D 800002096828--7 -02/25/97--01083--017 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Frank Percz. SIAM, Esq. Street Address (P.O. Box Number is Not Acceptable) 265 Sevilla Ave Suite, Apt. #, Etc. Corol Gables, Pl 33134 Zip Code 10. I, being appointed the registered gient of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S Signature of Régistered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information No 🔯 on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yesl 12 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 fitting 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #



February 7, 1997

Mrs. Amy Alan Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Re-Instatement

Dear Mrs. Alan:

As per our conversation, I am writing you this letter to explain that I did not receive the renewal form last year. I would greatly appreciate it if you could walve the reinstatement fee this one time.

I have enclosed a check for \$373.75. This should cover the \$200 fee for last year, the \$165 fee for this year and a \$8.75 certification fee.

I thank you for your understating on this matter, and if you have any questions please feel free to call me at (305) 447-6609.

Sincerely,

Israel Perez-Siam

President