

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

97 JUL 31 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION
FOR *90-97*
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P950000 31059*

1. Corporation Name
SEIZE AU SOLEIL, INC.

~~W99-16839~~

Principal Place of Business: *inactive*
Mailing Address: 405 Park Avenue (Suite 801)
New York, New York 10022-4405

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 Incorporated or Qualified To Do Business in Florida	
		405 Park Avenue (Suite 801)		April 20, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				58-2182779	
City & State		City & State		Applied For	
New York, New York		New York, New York		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
10022-4405	USA	10022-4405	USA		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Michel Quiniou	99, rue de Rennes	75006 Paris FRANCE
S	Elliott Burko	405 Park Avenue (Suite 801)	New York, NY 10022-4405
			400002258724--B -08/05/97--01114--007 ****923.75 ****923.75
REINSTATEMENT 90-97			
<i>C. Alan</i>			
<i>7/31/97</i>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Claudine Faifer 620 N.W. 214 th Street (S. 201) Miami, Florida 33169		Name: Barry J. Kaplan Street Address (P.O. Box Number is Not Acceptable): 9853 N.W. 14th Court Suite, Apt. #, Etc.: City: Coral Springs State: FL Zip Code: 33065	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: *6/30/97*

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 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *ELLIOTT BURKO, CORPORATE SECRETARY*
Date: *7/26/97* Daytime Phone #: *(212) 838-1937*

CRCE040 (12/96)