

APPLICATION
FOR
REINSTATEMENT.



DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

19043 NW 52 CT
MIAMI FL 33055

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MAY 1966

Zip	33137	Country	USA
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Zip	Country
33137	USA

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1995

5. FEI Number

Applied For

65-0573 199

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BROWN, VINCENT T	19043 NW 52 CT	MIAMI FL
TD	LAPREAD, MICHAEL G	6163 FOREST HILL	NORCROSS GA
SD	PHILLIPS, FLOYD	8281 SW 84 TERRACE	MIAMI FL
D	DAWSON, ANDIE	5715 SW 130 ST	MIAMI FL
			100003398421--1 -09/20/00--01002--002 ****500.00 ****500.00
			100003398421--1 -09/20/00--01002--003

8. Name and Address of Current Registered Agent

MIAMI FL 33055

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SSS NS 34TH STNEE

Suite, Apt. #, Etc.

WHITE 30

City Miami

State
FL

Zip Code

33137

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 REQUIRED~~ NCNLT. Brown

Date 7-6-00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED T. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

9-6-00 (305) 438-0605