

FORM APPROVED
AND
FILED



98 FEB 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1350 SW 122 Avenida # 110 Miami FL 33184	

300002445043--6
-03/03/98--01028--007
***750.00 ***750.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida April 21-1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0575350			
City & State		City & State		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

[illegible]

REINSTATEMENT 97.-98

G. Alan
2/26/98

300002445043--6
-03/03/98--01028--008
***150.00 ***150.00

9. Name and Address of New Registered Agent

Hybrid Hafed
 1350 SW 122 Avenue
 Apt 110 Miami FL 33184

Name _____

Street Address (P.O. Box Number is Not Acceptable)
1350 SW 122 Avenue Apt #
Suite, Apt. #, Etc. 110

City Miami State FL Zip Code 33184

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 _____
REGISTERED AGENT MUST SIGN

Date Jan-20-98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date	Daytime Phone #
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Daytime Phone #
305-377 2606

CH2E040 (12/96)