PLEASE READ ALL INS	TOUCTIONS	DEEODE O	OMDI ETI		· ×.*	
APPLICATION FLORID	DA DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE tham	Olvieleii	NG THIS FORM		
REINSTATEMENT	IVISION OF CORPOR			FILE	5	
DOCUMENT # P950000 377		97 JUN 23 AN 9:04				
Floridian Home	(ARR of	- DADC. In	c,	SECRETARY OF	STATE FLORIDA	
1040 w. 25 v.	ross SANC		orea.	OTATERSE	RIT May	$a \gamma$
HiAleah, Fl. 33010			KEIN	ISTATEME		21
If above addresses are incorrect in any way, tine through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail	information and enter ling Office Address_If		4 Date Incorpo	orated or Qualified		
1045 U. 2357 104. Suite, Apt. #, etc. Suite, Apt. #	JT	To Do Business in Florida				
City & State City & State		·	5. FEI Number	-0594524	Applied F	
Zip 33010 Countr DADR Zip 33	010 Count	ADe.	6. CERTIFICATE	OF STATUS DESIRED S	.75 Additional Fee re- for a Certificate of Sta	quired atus
7. Names and Street Addresses of Each Officer and/or Director (Fig. Name of Officers			st 3 directors)			
Title(s) and/or Directors	Off	eet Address of Each icer and/or Director se Post Office Box N	umbers)	City / S	State / Zip	
BTD MARTA YEE	24005	W. 105°	ct	miam Fl	. 33/6	
			20	0000222 -06/24/97- ****932.50	-01025003	- 1
				OB(0-23-97	,
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent				
Jose 2ARZA		Name Street Address (P.	O. Box Number	S Not Acceptable).		E040 (12/96
92715.W. 149 ct	•	Suile, Apl. #, Elc.				
m/Am/ F) 33/5	h and accept the obl	inations of Section	Stat. FL	33/6/	_	
Signature of Registered Agent REGISTERED AG	<u> </u>			Date 6	120/97	7
1. Does this corporation pay any intang Dept. of Revenue under S. 199.032,		e ites. Yes	No [de for information ngibte tax.)	
I certify that I am an officer or director or the receiver or trustee en this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of individ on this application is true and accurate, and my signature shall have	npowered to execute to eliminated, the corportuals listed on this form	his application as pro ate name satisfies the do not qualify for a	ne requirements on n exemption unde	of section 607,0401 or 617 ft	401 F.S. that all feed	ا ء

SIGNATURE:

SIGNATURE AND THE SEA PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

X6/20/97 X (401) 883-19/5-