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2 New Finnipial Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or Qualified To Do Businesse in Florida To D	286 N.W. 66TH STREET 6296 N.W. 66			STH STREET				
Suite, Apt #, etc. City & State Country Zip Country Country								The state of the s
Applied Fo Applied Fo Applied Fo Applied Fo Applied Fo Not App						To Do Busi	ness in Florida	06/14/1995
To country Zp Country Zp Country CERTIFICATE OF STATUS DESIRED 7. Names and Sureal Addresses of Each Officer and/or Directors Title(s) 2 Street Addresses of Each Officer and/or Directors Title(s) 2 Control of Directors Title(s) 2							65-0589069	Applied For Not Applicable
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Title(s) 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors 4 City / State / Zip JAMAM BEACH FL 33139 JAMAM BEACH FL 33	/. Names	and Street Addresses of Each Officer a	nd/or Director (I	Florida nonprofit corpora	ations must list at le	ast 3 directors)		
AND CORDISCO, BORIS R 32 VENETIAN WAY, #712 MAMI BEACH FL 33139 33 VENETIAN WAY, #712 MAMI BEACH FL 33139 34 VENETIAN WAY, #712 MAMI BEACH FL 33139 35 VENETIAN WAY, #712 MAMI BEACH FL 33139 36 VENETIAN WAY, #712 MAMI BEACH FL 33139 MAMI BEACH FL 33139 MAMI BEACH FL 33139 MAMI BEACH FL 33139 MEW YORK NY 10021 DELETE 1 DID 2275221 -08/31/99-01085-006 RIPER 1050, 00 WERE 1050, 00 MERE 1050, 00 WERE 1050, 00 MAMI FL 33131 Name BOR IS R. CORDISC Street Address of New Registered Agent Name BOR IS R. CORDISC Street Address (P.O. Box Number is Not Acceptable) 33 VENETIAN WAY State 1 State 20 Code FL 33139 17-2 City MIAMI BEACH REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year Intendigible Personal Property tax due June 30. 12. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I furnish bertily stall when film this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the receiverment of a section 607.0401 or 617.0401, F.S. The Information on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	Title(s)		Str	Street Address of Each Officer and/or Director City / State / Zip			City / State / Zip	
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INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131 Date Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Eic. # 72 City MIAMI BEACH State 20 Code FL 33139 Date REGISTERED AGENT MUST BIGN 1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No See other side to information on intangible tax.) 2. 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 bentle) that when filtin 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 feet 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		8. Name and Address of Curre	nt Registered A	lgent	<u>. T.</u>	9. Name and	Address of New Reg	platered Agent
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Despire Phone &			> /_	Artonn		Aug.	20, 1999	205-718-9000