PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION |
|----------------------------|
| FOR |
| REINSTATEMENT |
| OCUMENT # Corporation Name |
| |



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000054067

DUNN & ASSOCIATES, P.A.

Principal Place of Business

3785 NW 82ND AVE

SUITE 117

MIAMI FL 33166

Mailing Address 3785 NW 82ND AVE

SUITE 117

MIAMI FL 33166

FILED

98 NOV 20 PM 1:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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| If above a | ddresses are | incorrect in any way, line th | rough incorrect i | nformation a | nd enter correction belo | ow. | | | | | |
| 2. New Principal Office Address, if Applicable | | | New Mailing Office Address, If Applicable | | | 4. Date | Date Incorporated or Qualified To Do Business in Florida | | | | |
| Suite, Apt. i | #, etc. | | Suite, Apt. #, etc. | | | | 07/13/1995 | | | | |
| | | | | | | | 5. FEI Number Applied For | | | | |
| City & State | € | | City & State | | | | 65-0594525 Not Applicable | | | | |
| Zip Country | | | Zip Cou | | Country | 6. CER | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee re for a Certificate of St. | | | ional Fee required ificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | | | |
| Title(s) | Name of Officers and/or Directors | | | 3 (Do | Each rector lox Numbers) | City / State / Zip | | | | | |
| D | DUNN, MARCIA T | | | 3785 NORTHWEST 82ND AVENUE, SUIT | | | | MIAMI FL 33166 | | | |
| D | DUNN, MARCIA T | | | 3785 NW 82ND AVE #117 | | | | MIAMI FL | | | |
| REINSTATEMENT 98 75-1/24/98 BIDDOO 2700 238-7 -12/02/98-01006-008 ****750.00 ****750.00 | | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | | |
| | | | | | | Name | | | | | |
| DUNN, MARCIA T | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 3785 NW 82 AVE | | | | Street Address (P.O. Box N | | | Numberi | ber is (Not Acceptable) | | | |
| #117 | | | | Suite, Apt. #, Etc. | | | | | | | |
| MIAMI FL 33166 | | | | | | | | | | | |
| | | | | | City | | | | | | |
| 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. | | /Alarino | EGISTÉRED AG | | QUIRE | <u> </u> | - / | Date | ,-98 | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.) | | | | | | | | | | | |
| this rein: | statement app | officer or director or the rece plication, the reason for diss on have been pald and the | olution has been | eliminated, | the corporate name sat | isfies the requir | rements | of section 607.0401 or 617. | .0401, F.S. | , that all fees | |