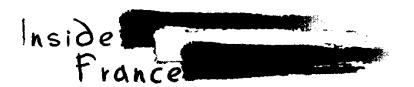
APPLICATION FOR REINSTATEMENT		FLORII	FLORIDA DEPARTMENT OF STAT  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		COMPLETING THIS FORM.  FILTO  99 DEC -2 Pit listed			
	UMENT # P95	0000688	328			SLO <sub>RENT</sub>	<b>2</b> Pit 1:42	
INSIDE	FRANCE, INC.				حمل	MITTY (20)	Y C DIE	
7316 MANATEE AVENUE WEST 7316 MANATEE SUITE 253 SUITE 2			J Address  JANATEE AVENUE WEST 253 ENTON FL 34209					
	incipal Office Address, If Applicable				4. Date incor To Do Bus	corporated or Qualified Susiness in Florida 09/05/1995		
City & Stat			City & State		5. FEI Numb	65-0616626	Applied For Not Applicable	
Zip	Country	Zip	Countr	У	6. CERTIFICAT		75 Add troud Fee required or a Certificate of Status	
7. Names Title(s)	and Street Addresses of Each Office Name of Office and/or Directo	orida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director		at 3 directors)	City / State / Zip			
P	ROBERT L. JOHNSON	530 77TH ST	530 77TH ST		HOLMES BEACH FL			
ST	DENISE W. JOHNSON	530 777H ST		7』	HOLMES BEACH FL 000030705977 -12/14/9901111006			
						****150.00	****150.00	
	8. Name and Address of Ci	urrent Registered A	gent		9. Name and	Address of New Registered	Agent	
JOHNSON, ROBERT L 530 77TH ST				Name Street Address (P.O. Box Number is Not Acceptable)				
HOLMES BEACH FL 34217				Suite, Apt. #, Etc.  City   State   Zip Code				
10. I, bein Signature o Registered		1/	rporation, am familiar w	<u> </u>	oligations of Sec			
530 7 HOLN  10. I, bein Signature of Registered  11. I certify this relia	7TH ST IES BEACH FL 34217 g appointed the registered agent of	REGISTERED A e receiver or trustee or dissolution has be nd the names of indir	AGENT MUST SIGN empowered to execute en eliminated, the corp riduals listed on this for	Suite, Apt. #, Etc.  City  Ith and accept the ob-  this application as porate name satisfies to the ob- m do not qualify for a	oligations of Sec rovided for in ch the requirement an exemption us	State FL  Date //27/  sapter 607 or 617, F.S. I further to of section 607.0401 or 617.0	r certify that when filling	

SIGNATURE: SIGNATURE AND WIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000574 AF

11/27/99 94/-778-457/ Daytime Phone #





Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Apparently our Annual Report for 1999 was lost in the mail. The report and a check (#1091) for \$150 was submitted on April 30th, 1999. A review of our account upon receipt of this Notice of Administrative Dissolution, disclosed that the check had not, in fact cleared our account. We retained no copies of the submission as there was no change to the information on our Annual Report from that which you had on file. I have enclosed copies of the stub ledger of our check book as an indication of our good faith attempt to file the 1999 Annual Report for "Inside France, Inc."

Based on a phone call to your office, I was instructed to resubmit a check for \$150 along with the above explanation.

Thank you for your assistance.

Regards

Bob Johnson Inside France