PLEASE READ A	ALL INSTRUCTIONS BEFORE (	COMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	97 JAN -6 AM 8: 24
DOCUMENT # <b>P95000076216</b> 1. Corporation Name		
MICHELE'S BOARDWALK, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	
2945 S.W. 22ND AVENUE #208	2945 S.W. 22ND AVENUE #208	
DELRAY BEACH FL 33445	DELRAY BEACH FL 33445	REINSTATEMENT OF
If above addresses are incorrect in any way, line through the second of	ugh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable	ISTIMO
14802 5 Multary Tr. Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida     10/05/1995.
City & State	City & State 2 5 Military Ir	5. FEI Number Applied For Not Applicable
Zip Country Country	Zip 22 1921 Country 152	6. CERTIFICATE OF STATUS DESIRED Tor a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporations must list at lea	
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
prosident Michale Ma	2945 SW 22 1	ive. Delray Beach FL
nos juncties jus	<u>vai +101 208</u>	1 33943
		5000020529058 -01/09/9701086014
		****375.00 ****375.00
	.	W 2 61
		40-1-0-1
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Name		
BLOCH, STUART E 2600 N. MILITARY TRAIL	Street Address (F	P.O. Box Number is Not Acceptable) D.O.
FOURTH FLOOR Suite, Apt. #, Etc.		
BOCA RATON FL 33431  City Dolvaid BOACH FL 33445		
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 Date 2/30/96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No		
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 filling 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: