PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FOR		
APPLICATION				•	
FOR REINSTATEMENT	Secretary of S	State	enti s e camal	æ _{0.}	
DOCUMENT # 695000 89286		RATIONS			
1. Corporation Name M.Y. E.A. International Corp.			99 FEB 22 PM 1: 25		
The free in the same confirmation		SEGLETALL STATE TALLAHASSEE, PLONIDA			
Principal Place of Business 5402 N. W. 72nd. Avenue 5402 N. W. 72nd. Avenue 5402 N. W. 72nd. O		Idendo	INCOMENT	CNIDA	
Miami, FL. 33166 US	Miami, FL. 3316 US.	. 1			
If above addresses are incorrect in any way, line through incorrect information and enter of 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A			4 Date Incorporated or Qualified		
Suite, Apt. #, etc.	Te, Apt. #, etc. Suite. Apt. #, etc.		To Do Business in Florida 21 9 5 5 FE Number	Applied For	
City & State	City & State		65-0630523	Not Applicable	
Z _I p Country	Zip Country	1	CENTIFICATE OF STATUS DESIRED	88.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/officers Title(s) Name of Officers and/or Directors	Stre Off	et Address of Each	City /	State / Zip	
D Behal, Luna 5402 NW.		e Post Office Box Nu		: de 2211.1	
Derac, Fund	0702 N W	, recha pro	THIAME, PADIO	: ua 33166	
STATEMENT 98-99 TD 2/23/99					
			· · · · · · · · · · · · · · · · · · ·	9:103 <u>-16</u>	
			- 02/25/99 - 01098007 ****900 00 ****900.0		
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name					
Behae, Luna 19655 East Country Club Drive Apt. # 101		Street Address (P.Ö. Box Number is Not Acceptable)			
		Süite, Apl. #. Étc			
aventura, FL. 33180		City		te Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept Signature of Registered Agent RESISTERED AGENT MUST SIGN			e obligations of Section 607.0505, F.S. Date 2-18-99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes 🗹 No 🗆 (See other side for information on intangible tax.)					
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-18-99 305-882-0.338 Dayline Phone #					