

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -3 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

P98000089702

BLACK OPAL CORP

2. Principal Office Address

1547 SW 8 STREET, #UP

Suite, Apt. #, etc.

3. Mailing Office Address

1547 SW 8 STREET, #UP

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1995

6. FEI Number

65-0621781

Applied for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

ARNOLD LICHTSCHEIN

Street Address (P.O. Box Number is Not Acceptable)

2956 FLAMINGO DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State Zip Code

FL 33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Arnold Lichtschein

REGISTERED AGENT MUST SIGN

Date

4/1/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
PSTD	ARNOLD LICHTSCHEIN	2956 FLAMINGO DRIVE	MIAMI BEACH, FL 33140

10. 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 filing 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)(b), 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:

ARNOLD LICHTSCHEIN *Arnold Lichtschein*

4/1/2002

305-541-3233

Date

Daytime Phone #

00-02

300005327533--2
-04/23/02--01065--009
****458.75 ****458.75

B

SAB GROUP, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

April 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Re: Black Opal Corp.
FEIN: 65-0621781
Inactive status

To Whom It May Concern:

Our above referenced client has not received the uniform business report from the Department of State since 1999 because the state's address of record, 1205 Lincoln Road, was an old address. The company had moved twice since 1999. The first move was to 1356 SW 8TH Street. Apparently the forwarding order had expired by time the 2000 UBR was mailed. The second move and current address was in 2001 to 1547 SW 8th Street, #UP, Miami, FL 33135.

We respectfully request that the reinstatement fees be abated for reasons stated above.

Please find enclosed a Corporation Reinstatement form as well as a check for \$458.75 for the 2000, 2001 and 2002 annual fees due plus \$8.75 for a certificate of status.

Thank you for your attention and cooperation in this matter.

Sincerely,

Scot A. Bennett, President
For SAB Group, P.A.

Enclosures